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Rural Counselors' Use of Technology to Address Professional Isolation

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Walden University
2020

Abstract

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by

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MEd, Texas Tech University, 2003

BS, University of Maryland, 2000

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Rural counselors experience high levels of stress and burnout because of increased job demands, a lack of professional resources, and professional isolation in rural community practice. Technology can be a useful tool for counselors to maintain connectivity and access resources not readily available. However, a gap in the literature exists on rural counselors' experience with technology to remediate professional isolation. The purpose of this hermeneutic phenomenological framework with an interpretive phenomenological analysis (IPA) was to explore licensed professional counselors' experiences with using technology to address professional isolation in rural community practice. The inclusion criteria included the counselors having 2 years of experience in a rural community and prior experience using technology. Five independently licensed professional counselors from Maryland and Virginia were interviewed and answered open-ended questions about their experience with technology. Data analysis using IPA yielded 5 themes: (a) social connection's influence on the use of technology, (b) a lack of training on how to use technology in rural communities, (c) preference for one-on-one interactions, (d) the unreliability of technology, and (e) concerns about confidentiality and trusting technology. The results indicated counselors often do not receive training and preparation on the use of the technology available to them and how technology is a useful tool to maintain connectivity in their personal lives and professional lives. Implications for social change include bringing awareness to novice and veteran counselors on the use of technology to maintain connectivity and prevent professional isolation.

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Dedication

I dedicate this dissertation to my loving husband Thomas, who has been my rock throughout this doctoral journey. Thank you for always being there, supporting me and encouraging me. You are an inspiration to me and the boys, and you have been more than patient, listening to my revisions, motivating me and keeping me on track. Thank you to my boys, Alexander and Dale for your support and encouragement and for motivating me to be the best version of me never wanting to give up.

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Chapter 1: Introduction to the Study

Introduction

Professional counselors who work in rural communities face multiple challenges, such as dual relationships, heavy caseloads, retention issues (T. Wilson, Knezevic, Kibugi, Peterson, & Polacek, 2018), ethical ambiguity, social isolation, and professional insecurities due to inadequate supervision and professional development opportunities (Bowen & Caron, 2016). In addition to stressful conditions, counselors in rural areas are more likely to experience burnout (Bowen & Caron, 2016; Kee, Johnson, & Hunt, 2002; T. Wilson et al., 2018) than their urban colleagues. The stressors in rural areas present significant challenges to rural counselors' personal wellness and how they deliver care to their clients (Bowen & Caron, 2016; Breen & Drew, 2012; Cohn & Hastings, 2013; Kee et al., 2002). Researchers who studied rural counselors' challenges have suggested connecting with other providers, receiving supervision and consultation, and obtaining specialized training about rural culture to succeed in their rural practices (Bowen & Caron, 2016; Bray, 2016). However, the resolution for these challenges is difficult because the means to accomplish this problem are often limited or missing in rural communities (Bowen & Caron, 2016).

At the time of this study, a shortage of skilled mental health providers in rural communities continues to be problematic (see T. Wilson et al., 2018). Because rural counselors lack other mental health professionals with whom to share their client caseloads and resources to connect with other colleagues and peers, they often report feelings of professional isolation (Bowen & Caron, 2016; Holliman & Muro, 2015; T.

Wilson et al., 2018). Technology is a useful tool that rural counselors can use to connect with colleagues and peers, attain professional development, and receive supervision (Paulson, Casile, and Jones,); however, there is limited research on rural counselors' use of technology to remediate professional isolation.

This chapter includes a literature review on the challenges that rural counselors experience and recommendations for further research on using technology to address these challenges. The chapter also presents the study's problem statement, purpose, research questions, theoretical framework, and nature for this study. Hermeneutic phenomenology was the study's theoretical framework, with interpretive phenomenological analysis as the methodological approach. In this chapter, I discuss the reasons for selecting this framework and the purpose for choosing this approach. I also review the terms used in this study and the assumptions, limitations, and delimitations.

Background

In 2016, more than 260,000 counselors (substance abuse, behavioral disorder, and mental health) practiced in the United States (Bureau of Labor Statistics, 2019). The Bureau of Labor suggested that the counseling profession would grow much faster than average when compared to other occupations, with a projected increase of 23% from 2016 to 2020. However, in 2018, the Health Resources and Services Administration indicated a shortage of more than 5,000 mental health professionals, with more than half (53.13%) needed in rural communities. Additionally, in 2019, the National Association for Rural Mental Health's president and board of directors reported that 65% of the 57

million residents in the rural United States lacked access to mental health professionals (Christman, 2019).

Rural counselors experience ethical, personal, and professional challenges specific to working in rural environments (Breen & Drew, 2012; Cohn & Hastings, 2013; Gillespie & Redivo, 2012). According to the Rural Health Information Hub (2019a, 2019b), 1,037,819 people resided in rural Virginia and 150,816 people lived in rural Maryland in 2019. Oser, Biebel, Pullen, and Harp (2013) suggested that practicing in rural communities requires counselors to remain aware of and use self-care strategies to prevent burnout and cope with dual relationships and a lack of specialized training and clinical supervision.

Gonyea, Wright, and Earl-Kulkosky (2014) described the ethical dilemmas that counselors could experience when dealing with dual relationships, which is an issue often encountered in rural communities. It can be a challenge to receive supervision in rural areas because of the shortage of providers and the geographical distance between them (Gonyea et al. 2014). Professional isolation could affect an individual's objectivity, decision-making, and accountability when monitoring professional development and wellness (Holliman & Muro, 2015). Counselors have an ethical obligation to attend to their wellness; not doing so could cause high rates of burnout and impact client care (Holliman & Muro, 2015).

Another area of concern for rural counselors is whether they have received adequate training and are prepared to practice within rural communities. McDonald, Curtis-Schaeffer, Theiler, and Howard (2014) found a lack of qualified mental health

providers in rural communities. The authors discovered that many of the providers who treated clients with mental health issues were general practice medical doctors with little or no training in the treatment of mental health disorders (McDonald et al., 2014). This lack of knowledge can be problematic for mental health counselors who currently provide care to clients due to higher caseloads and the shortage of other mental health providers locally.

McDonald et al. (2014) reported that the mental health provider-participants in their study expressed that the training they had received before working in rural communities focused on treating clients in urban communities. Hastings and Cohn (2013) also found that practitioners received training based on urban, rather than rural, models of therapy. An urban model of therapy is an ineffective approach for counselors who work in rural communities because of boundary issues and a lack of resources. Hastings and Cohn found that the rural counselors' professional isolation and lack of resources contributed to their high burnout rates.

Breen and Drew (2012) explained that although there have been several studies on mental health providers in rural practices, few studies have explicitly targeted professional counselors who work in this environment. Further, the authors expressed that researchers base their recommendations on their perspectives instead of gathering information from counselors in rural communities. In addition to self-efficacy, counselors must have confidence in their professional abilities and understand the multiple roles they must maintain when working in rural environments.

Meyer (2006) found that job satisfaction and retention are issues for counselors in rural communities. Meyer conducted a quantitative study to explore if using technology was a means of increasing counselors' job satisfaction and retention in rural communities. Of the 320 applicants invited to complete the survey, only 163 returned the questionnaire. The study's results did not indicate a significant relationship between technology use and job satisfaction. A lack of experience with technology and the participants' ages were limitations in the study. Only 45% of the participants used computers to stay connected to their peers, and 96% reported that they rarely used computers for continuing education.

Paulson and Casile (2014) discussed the importance of supervision and consultation in the mental health field to ensure that counselors provide quality care to their clients. The counselors faced a lack of resources for clinical supervision, with placement in supervisory roles often without proper education or training. Paulson and Casile also acknowledged the challenges present in rural communities, including professional isolation, burnout, and high caseloads.

Looking at statistics on rural environments, Paulson and Casile (2014) noted that counselors treat individuals of all ages with various issues without adequate supervision. However, counselors do not have the support or resources they need to adequately perform their jobs. The authors found that attending a 1-day peer supervision group with a 6-month follow-up resulted in reduced feelings of burnout and isolation in the counselors. Paulson and Casile recommended using technology and online support to

improve clinical supervision and collaboration; however, I found scant peer-reviewed research on using technology with counselors at the time of data collection.

Problem Statement

Counselors who practice in rural communities face significantly different challenges than counselors who serve in urban areas. Mental health professionals who work in rural communities report feelings of professional isolation because they lack peer support and resources for problematic cases (Hastings & Cohn, 2013). The lack of resources, higher caseloads, and lack of supervision cause rural counselors to experience higher risks of stress and burnout than their urban peers (Chipp et al., 2011; Gillespie & Redivo, 2012; Hastings & Cohn, 2013; Kee et al., 2002).

Burnout is a serious problem that causes mental health counselors to experience emotional exhaustion and physical issues; in turn, burnout affects the quality of care that counselors provide to their clients (Kee et al., 2002; Lambie, 2006; Wolf, Thompson, & Smith-Adcock, 2012). Researchers have recommended various ways to prevent burnout, including establishing professional networks, seeking supervision, and participating in specialized training for rural communities (Cohn & Hastings, 2013; Paulson, Casile, & Jones, 2015). Holliman and Muro (2015) explained that personal deterioration could occur if counselors try to manage their professional obligations without support. Although researchers made recommendations for preventing burnout, rural mental health counselors continue to experience professional isolation, a contributing factor to burnout (McDonald et al., 2014). The recommendations needed to support counselor connectivity to other mental health professionals are often missing in rurall communities as the

counselor may be the only provider in the area and would need to drive hours to receive continuing education and specialized training (Bray, 2016).

Technology is one way to address counselors' professional isolation in rural communities (Paulson et al., 2015). Researchers have examined the use of technology in the delivery of mental health services. Also explored has been the use or misuse of technology in rural communities for clinical supervision (Martin, Kumar, & Lizarondo, 2017), training, and peer consultation (Barnett, 2011; Holliman & Muro, 2015; Paulson & Casile, 2014; Paulson et al., 2015). Breen and Drew (2012) recommended that rural counselors have access to a listserv to address professional isolation and receive training on using technology to support other rural counselors and increase communication. Technology in rural communities could also provide professionals with opportunities to access clinical supervision and consultation, develop professional relationships through mentorship, and provide the specialized training and education needed to address rural clients' needs (Barnett, 2011; Meyer, 2006).

Former researchers recommended additional research be conducted on the experiences of mental health professionals who use online peer consultation to improve their wellness practices and consider technology a useful tool to address professional isolation in rural communities (Paulson et al., 2015). Studies have shown that technology affects professional isolation by providing clinical supervision, consultation, and specialized training and education; enabling professional relationships through mentorship; and addressing clients' needs in rural communities. As of late 2019, however, there was a gap in the literature on the experiences of professional counselors in

rural areas. Rural counselors need more information on using technology for wellness practices and to resolve professional isolation and burnout.

I used a hermeneutic phenomenological framework and an interpretive phenomenological approach to describe professional counselors' experiences of using technology to manage professional isolation in rural communities in Maryland and Virginia. In this study, the experiences with technology to to combat feelings of isolation are illuminated. Noted concerns of these professional counselors are presented as well, especially their experiences using technology to address professional isolation. The results could provide rural counselors with much-needed information on using technology. With this study, I explored if counselors could use technology to address professional isolation in rural communities.

Purpose of the Study

The purpose of this hermeneutic phenomenological study was to explore the experiences of professional counselors who practiced in rural communities in Maryland and Virginia and used technology to address professional isolation. According to the American Counseling Association's Code of Ethics (2014), counselors have an ethical responsibility to monitor their professional wellness and take the steps needed for peer supervision and consultation with technology. I interviewed a small group of rural counselors to explore how or if technology affected professional isolation in rural communities.

Rural counselors experience stress and anxiety because they lack community resources, training, supervision, and support systems, which can significantly affect their

personal and professional lives (Breen & Drew, 2012). Technology could provide rural

counselors with online support, supervision, and opportunities to attend training

unavailable in their area (Paulson et al., 2015). Exploring the counselors' experiences

enabled me to identify how they used technology in their wellness practices to address

burnout and professional isolation.

Personal wellness is an essential subject for counselors and researchers, and these

professionals should explore effective wellness practices (Burck, Bruneau, Baker, &

Ellison, 2014). Counselors who do not address their personal wellness can become

impaired, which, in turn, could impact the care they provide to their clients. This study

included strategies and recommendations for managing counselors' wellness via social

supports, adequate supervision, and caseload monitoring (see Wolf et al., 2012).

This study contributed to social change by providing a deeper understanding of

rural counselors' experiences with technology to address professional isolation. I

explored the alternative means that rural counselors used to access clinical supervision,

consultation, and peer mentorship when they had limited resources. The voices of

counselors who actively practice in rural areas could bring awareness of the available

assistance for the novice and veteran counselors via technology when no other adequate

resources are available to maintain connectivity and to prevent professional isolation.

Research Question

I used the interpretive phenomenological analysis research approach to help rural

counselors learn about others' experiences and perceptions (see Smith, Flowers, &

Larkin, 2009). Researchers who conduct interpretive phenomenological analysis should

direct research questions "toward phenomenological material" to understanding participants' experiences. I used the recommendations of Smith et al. (2009) and kept interpretive phenomenological analysis at the forefront to design the study's central research question: How do professional counselors who work in rural communities describe their experiences with using technology to address professional isolation?

Theoretical Framework

I used a hermeneutic phenomenological framework and interpretive phenomenological analysis to describe the experiences of counselors who used technology to support connectivity and wellness while working in rural environments. Hermeneutic phenomenological framework allows researchers to delve into their participants lived experiences and provides reserchers with an understanding of their participants' experiences by using technology as an active strategy to preserve wellness practices (Heidegger, 1927/1962). Although Husserl (1859 to 1938), a philosopher, mathematician, and scientist, was the father of descriptive phenomenology and the hermeneutic phenomenological movement; Martin Heidegger (1927/1962) earned recognition as the founder of hermeneutic phenomenology and interpretive phenomenology. In hermeneutic phenomenology and interpretive phenomenology, the analyst collects rich data from clients who "should have the opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at length" (Smith et al., 2009, p. 4). Although Heidegger and Husserl drifted apart in the years preceding Husserl's death, they remained friends and helped each other publish articles and books on philosophy, religion, and psychotherapy. Martin Heidegger

(1889-1976) dedicated his famous and probably most rememberd work, *Being and Time,* "To Edmund Husserl, in friendship and admiration" (Sawicki, 2019, Dedication: Edmund Husserl). With Heidegger morphing his belief in phenomenology from the descriptive to interpretive, the two most popular forms of phenomenology were created.

Hermeneutic phenomenology explains that people see the world through different lenses, and that their interpretations of a phenomenon provide it with unique meaning (Holroyd, 2007). Heidegger (1927/1962) used the term *Dasein* to describe a person's sense of being in the world in relation to the phenomenon, asserting that exploring a phenomenon necessitated understanding a person's experiences with it. Collins and Selena (2012) stated, "Dasein literally means 'there-being,': from *Da* (there) and *Sein* (being). For Heidegger, Dasein denoted the human entity in all ways of being. Dasein was an 18th-century translation of the Latin *praesentia*, generally meaning 'existence'" (Loc. 473).

Hermeneutics phenomenology is a philosophy and methodology. With a phenomenological perspective, the participant's subjective views enable the researcher to immerse in the participant's experiences, identifying themes and patterns to answer the research question (Pascal, Johnson, & Trainer, 2010). Understanding the participants' experiences through interviews provides the researcher with a greater understanding of their interpretations of the event (Pascal et al., 2010). Any description of a phenomenon requires researchers to reflect on their knowledge of the phenomenon, as well as their experiences, assumptions, and predictions, using the hermeneutic circle to review and

identify patterns and develop new ways to look at the phenomenon (Collins & Selena, 2012).

Nature of the Study

I used a hermeneutic phenomenological framework and interpretive phenomenological analysis to gather and describe information about rural counselors' experiences with technology to address professional isolation and support their wellness. With foresight or fore-conception, "the researcher may experience foresight [and bring] their fore-conception (prior experiences, assumptions, preconceptions) to the encounter, and cannot help but look at any new stimulus in the light of their own prior experience" (Smith et al., 2009, p. 25). Smith et al. (2009) further explained the three theoretical perspectives central to interpretive phenomenological analysis (IPA): phenomenology, hermeneutics, and idiography. In Chapter 2, I elaborate on these three theoretical perspectives, give the background of hermeneutic phenomenology, and describe IPA, the qualitative research design that I used in this study.

Qualitative methodology with the IPA design was the appropriate approach for this study. I did not use inferential statistics or a large sample to generalize results to a bigger population as in a quantitative study (see Gravetter, Wallnau, & Forzano, 2018). I presented the demographic information provided by the participants and used narrative material to generate themes and codes from the collected data.

Quantitative researchers use numerical data to determine cause and effect or to correlate, compare, predict, or conduct an experiment (Gravetter et al., 2018). In this study, I did none of those things, nor did I use variables or hypotheses, as required in a

quantitative study. A qualitative researcher is the main instrument of his or her study and uses the perceptions, experiences, and opinions of participants (Merriam & Tisdell, 2016). In contrast, a quantitative researcher collects numerical data from surveys, polls, archival data, or questionnaires (Gravetter et al., 2018). Qualitative researchers use images, words, and categories to obtain results; quantitative scholars use numbers. Quantitative research is objective; qualitative research is subjective. In a quantitative study, researchers collect and analyze data in a lab or office, whereas a qualitative researcher collects data from participants in a natural environment. A mixed-methods study includes both quantitative and qualitative data (Teddlie & Tashakkori, 2009). I did not use inferential statistics or collect numerical data; therefore, the mixed-methods methodology was not an appropriate approach. I collected subjective information in the form of words and images from a small group of professional counselors in a natural environment; therefore, a qualitative IPA approach was the correct choice for this study.

Merriam and Tisdell (2016) listed six types of qualitative research: basic qualitative, phenomenology, ethnography, grounded theory, narrative inquiry, and case study. In a basic qualitative study, the researcher does not seek to understand the essence of the phenomenon, as I did in this study. The purpose of this study was not to explore a group or culture, as in ethnographic research. The purpose was also not to collect data and generate a theory, as in a grounded theory study. I did not provide a story of someone's life; therefore, narrative inquiry was not an appropriate choice. In a case study, the researcher studies a case (e.g., an organization, event, community, or individual) and uses multiple data sources to derive the results (Merriam & Tisdell,

2016). I did not study a case, but described a small sample of professional counselors' experiences of a phenomenon in rural Maryland and Virginia. Although I considered other qualitative research designs, IPA with hermeneutic phenomenology was the appropriate approach for answering the study's research question.

Definition of Terms

Double hermeneutic: Process that occurs as the participant is trying to make sense of their experience the researchers is trying to make sense of the participant making sense of their experience(Smith et al., 2009).

Dual relationship: Relationships occurring outside the therapeutic alliance are potentially dangerous to the client (Remley & Herlihy, 2016). Counselors, especially in rural communities, cannot always avoid dual relationships, thereby making them harder to define. Dual relationships can occur because of limited resources in rural communities and the difficulties in maintaining clear boundaries between a counselor's personal and professional roles.

Fishbowl effect: In the fishbowl effect, counselors report always feeling at work in the office and out of the community due to the close proximity and tight knit community (Cohn & Hastings, 2013).

Idiographic: Characteristic of Interpretive Phenomenological Analaysis method to explore the individuals' unique experiences and how they make meaning of their experiences (Smith et al., 2009).

Phenomenology: Husserl named his philosophical method phenomenology, the science of pure phenomena (Eagleton, 1983). The aim of phenomenology is the return to the concrete.

Professional counselor: In this study, a professional counselor is a mental health professional who has graduated with a Master's or doctoral-level school of counseling or a related field from an accredited university (American Counseling Association, 2014). Professional counselors have independent licenses in their states of practice and have a minimum of 2 years of experience in the mental health field (Board of Professional Counselors and Therapists, n.d., Virginia Board of Counseling, 2019).

Professional isolation: Professional isolation is a lack of support and contact with other mental health professionals, whether for consultation or supervision (Holliman & Muro, 2015).

Retention: Retention is the length of time between commencement and termination of employment (Cosgrave, Hussain, & Maple, 2015).

Rural: There are many definitions for rural. The U.S. Census Bureau (2018) defines urban as any area including population hounsing and land located outside of an urban area is defined as rural**.**

Telehealth: Telehealth is a word synonymous and used interchangeably with telemedicine (World Health Association [WHO], 2009). Telehealth differs from telemedicine in that it includes nonclinical services essential to the counseling profession, such as training, continuous medical education, and administrative duties (Substance Abuse and Mental Health Services Administration, 2016).

Telesupervison or distance supervision: Telesupervison consists of using technology, such as e-mail, video, and teleconferencing, for clinical supervision of counselors (Martin et al., 2017).

Urban area: An urban area is a region with 50,000 or more residents (U.S. Census Bureau, 2018).

Urban cluster: Urban cluster is an area in the United States comprised of at least 2,500 people but no more than 50,000 people (United States Census Bureau, 2018)

Assumptions, Scope, Limitations, and Delimitations

Assumptions

Leedy and Ormrod (2015) explained, "An assumption is a condition that is taken for granted, without which the research project would be pointless" (p. 23). Considering this, I assumed that the participants answered honestly and without any agenda other than to assist with the research. I carefully explained the study's purpose and assured all the participants of the steps taken to protect their confidentiality. I assumed that the study's inclusion criteria enabled me to recruit only rural counselors with knowledge of using technology in their counseling practices. Therefore, I assumed the participants were well-informed about and used technology in their practices. Before selecting anyone as a participant, I discussed the study's criteria, explained how the use of technology was a crucial component in this research, and questioned each participant regarding these criteria. Although I realized that the counselors would have varied experiences with technology according to age and generation, with younger counselors likely knowing more about technology than older counselors, I attempted to recruit individuals of

varying ages and genders. I also assumed that I had chosen a sample representative of counselors who used technology in their practices in rural Maryland and Virginia. Finally, I assumed I had selected the appropriate methodology and research design to answer the research question.

Scope

The scope of this study was professional counselors who practiced in rural communities in Virginia and Maryland. The participants had graduated with a master's or doctoral degree in counseling or a related field from regionally accredited schools. The participants had a minimum of 2 years of experience working in rural communities and practiced in rural communities. The participating counselors had independent licenses from their state boards of practice. Also, the participants knew about technology as it pertained to their counseling practices. An additional scope of this study was that I only interviewed counselors in rural Maryland and Virginia.

Limitations

The limitations of a study are the constraints beyond the researcher's control that could influence the study's outcomes (Collen, 2012). I could have gained more information by conducting a quantitative study with a random sampling of all the counselors who used technology in rural U.S. communities; however, given the time and financial constraints of the doctoral dissertation, I could not conduct a mixed-methods or longitudinal study. A qualitative study with a small sample size produced less information than a more extensive quantitative, mixed-methods, or longitudinal study.

The scant research available on rural counselor's use of technology in the United States was another a limitation.

According to the U.S. Census Bureau (2018), approximately 80% of the United States' land is rural. In the United States, 75% of counties are rural and contain 20% of the population (Riding-Malon & Werth, 2014). Virginia consists of 42,774 square miles, with a little more than 10,000 of the 8.5 million residents living in rural areas. Maryland comprises 12,407 square miles, with approximately 151,000 out of roughly six million people living in rural areas. I traveled extensively in these two states to obtain a broad perspective of the lives of professional counselors practicing in rural communities. Additional challenges included scheduling the interviews and meeting the participants who met all the study's criteria. Another limitation was the difference in the populations of rural Virginia and rural Maryland, resulting in an uneven number of professional counselors by state.

Delimitations

Delimitations are the characteristics that a researcher can control to set a study's boundaries (Simon, 2011). I limited this study to professional counselors in rural Maryland and Virginia. The counselors practiced in rural environments and used technology to assist with the demands of their careers. Counselors who practiced in rural areas in two Northeastern U.S. states were not representative of all counselors practicing in rural environments in the United States. Another delimitation was choosing only independently licensed professional counselors. I elected not to include provisionally licensed counselors because they require supervision to maintain licensure. The efforts to

receive supervision by provisionally licensed counselors may differ from independently licensed counselors because they no longer need to oversight to practice.

Significance

Counselors who work in rural communities face multiple challenges, such as social isolation and a lack of resources (Gillespie & Redivo, 2012; Hastings & Cohn, 2013; Kee et al., 2002). The environmental stressors of rural areas can present significant challenges for counselors, not only regarding their wellness but also in the delivery of the care they provide (Breen & Drew, 2012; Cohn & Hastings, 2013; Kee et al., 2002). When working in rural communities, counselors often report professional isolation due to the lack of resources available to connect with other professionals (Holliman & Muro, 2015).

College and university educators train counselors how to be empathetic and how to help people manage life's stressors; however, these learners often do not receive training on maintaining personal wellness (Lambie, 2006). Wellness is an essential part of a counselor's identity (Burck et al., 2014). Counselors who do not attend to their wellness can become impaired, which could adversely impact the care they provide to their clients. In rural communities, counselors often lack the strategies recommended for wellness, such as using social supports, receiving adequate supervision, and monitoring caseloads (Wolf et al., 2012). Technology can provide counselors in rural communities with opportunities to connect with other counselors, receive supervision and consultation, and access valuable resources (Paulson et al., 2015). With appropriate technology, rural counselors can communicate with other health care professionals and improve the professional support they receive, thus decreasing feelings of isolation (Meyer, 2003).

Exploring the experiences of counselors in rural communities who used technology enabled me to identify the wellness practices they used to address burnout and professional isolation. This study has the potential for sodial change by providing a deeper understanding of rural counselors' experiences with technology to address the issues of professional isolation by exploring alternative means to access clinical supervision, consultation, and peer mentorship when limited resources are available. Hearing from counselors who actively practice in the field will bring awareness of the benefits of technology to new and existing counselors. These counselors provided information on the effectiveness and outcomes of the use of technology when adequate resources were not available to maintain connectivity and prevent professional isolation from occurring.

Summary

In Chapter 1, I discussed the background of this study on counselors who work in rural communities and use technology to reduce professional isolation. I also presented the study's problem, purpose statements, and the significance of this study. I described why I chose an IPA hermeneutic phenomenological approach instead of a quantitative or mixed-methods approach or another qualitative research design. I included the definition of terms and the study's assumptions, limitations, delimitations, and barriers during data collection.

In Chapter 2, I discuss current, relevant, peer-reviewed research to enable the reader to understand this issue better. I also provide information on the study's theoretical framework. Chapter 3 contains an explanation of the selected methodology and research

design, the ethical considerations, and my role as the researcher. I also provide

information on the issues of trustworthiness, credibility, transferability, and

dependability. In Chapter 4, I present the study's results, and in the final chapter, Chapter

5, I discuss the study's implications, conclusions, and recommendations for future

researchers.

Chapter 2: Literature Review

Introduction

The purpose of this qualitative hermeneutic phenomenological study was to describe the experiences of counselors in rural Maryland and Virginia who used technology to reduce their sense of professional isolation. In the last chapter, I presented information on rural counselors to understand their experiences of using technology as a wellness practice to address professional isolation and burnout. In this literature review, I provide research on the rural community, counselors who work in rural environments, and technology use by rural counselors.

Chapter 1 presented the introduction, a statement of the problem, and the study's purpose, background, research questions, and nature. I also described the study's significance to counselor education, definitions of the terms used, and limitations and assumptions. In Chapter 2, I discuss how these problems can increase a counselor's stress level, which can lead to an increased risk of burnout. In this chapter, I present the challenges of rural communities and their effect on counselors' wellness and the care they provide to their clients. Morever, in this chapter, I discussed the different types of technology used in the counseling profession, and I explained how this technology can help address the challenges specific to rural communities as previously introduced in Chapter 1. The chapter concludes with an explanation of how Husserl's concept of phenomenology morphed into Heidegger's concept of phenomenology and the history of hermeneutics.

Literature Search Strategy

I began this literature review by searching for articles and journals published from 2015 to 2019 that were relevant to the topic. The search sources included the online Walden University Library and Google Scholar. I included peer-reviewed scholarly journals, articles, and books related to the topic of rural counselors in this literature review. Databases accessed through the Walden University Library included Academic Search Complete, PsycINFO, PsyArticles, EBSCOhost, SAGE, and ProQuest.

The search terms related to hermeneutic phenomenology, Husserl, the issues of professional isolation, IPA, and counselors' experiences of using technology to address this phenomenon. The primary search terms used to find articles were *rural counselors*, *counselor burnout*, *professional isolation*, *challenges of working in rural communities*, and *available technology in rural communities*. Other search terms used were *rural counselors, rural mental health, rural communities, counselor isolation, telesupervision, distant supervision, rural counselor technology, phenomenology, hermeneutic phenomenology, idiography, Husserl, Heidegger, interpretive phenomenological analysis,* and *hermeneutics.*

In addition to journals, articles, and books on the IPA approach and the three theoretical perspectives central to IPA (phenomenology, hermeneutics, and idiography), I conducted a cross-discipline search to explore the topic of isolation of professionals who conduct medical work, such as psychology, social work, and nursing, in rural environments. The literature search returned numerous articles on counselors in rural communities; however, many of the articles were outdated and related to other mental

health professionals, such as social workers and psychologists. I found several articles on mental health professionals who used technology to deliver counseling services in rural areas. However, I only located a few peer-reviewed research articles published between 2015 to 2020 on rural counselors who used technology to address professional isolation or supervision. The lack of relevant scholarship further indicated a need for research on the topic.

Most of the literature in this chapter was published between 2012 and 2020==. Without date restrictions, searches for the term *rural counselor* returned more than 5,000 peer-reviewed articles and journals. When I used the phrase *rural mental health*, I found more than 35,000 articles and journals. The phrase *counselor isolation* produced more than 3,100 results, and *rural counselor technology* returned over 1,900 results. I used the Boolean methods to narrow the search to relevant articles and journals and reduce the number of applicable sources. Ultimately, the key terms resulted in approximately 1,500 relevant journals, articles, books, and dissertations, and I cited information from more than 130 sources in this study.

Theoretical Framework

I used a qualitative hermeneutic phenomenological framework to explore the experiences of counselors who used technology to support connectivity while working in rural communities. A researcher adopts a hermeneutic phenomenological approach to explore the participants' experiences of a phenomenon (Heidegger, 1927/1962). Smith et al. (2009) explained, "Hermeneutic is the theory of interpretation" (p. 179). In this study, I interpreted rather than described the experiences of a small sample of professional

counselors who used technology to cope with isolation and practice in rural Maryland and Virginia.

Considered the father of phenomenology (or the science of phenomena), Husserl was born in Prossitz, Moravia, to a middle-class family (Husserl, 1931/2014; Moran & Cohen, 1988). A scientist, Husserl's academic career included the study of astronomy, mathematics, philosophy, and physics. In 1892, he completed his doctoral thesis, *Contributions to the Theory of Calculus of Variations*, at the University of Vienna. He later studied philosophy and psychology at the University of Halle in Germany. Husserl was influenced by Franz Brentano (psychologist and priest), John Stuart Mill (philosopher), Hermann Lotze (medical doctor, philosopher, and logistician), Bernard Bolzano (priest, mathematician, logistician, and philosopher), Carl Stumpf (psychologist and philosopher), and David Hume (philosopher, essayist, and historian) (Moran & Cohen, 1988).

In 1900, Husserl published *Volume One, Prolegomena to Pure Logic*, and in 1901, he published *Volume Two, Investigations Concerning the Phenomenology and the Theory of Knowledge* (Husserl, 1931/2014; Moran & Cohen, 1988). In 1905, Husserl used the term *phenomenological reduction* for the first time in public. Husserl wrote several treatises on phenomenology: *The Idea of Phenomenology* in 1907, *Lectures on the Theory of Meaning* in 1908, and *Fundamental Problems of Phenomenology* in 1910/1911. In 1912, he established the Yearbook of Philosophy and Phenomenological Philosophy with colleagues. Husserl also wrote *Ideas Pertaining to Pure Phenomenology and Phenomenological Philosophy.* In 1913, he revised *Logistical Investigations*. In

1916, the University of Freiburg, Germany, appointed Husserl to the Chair of Philosophy, where he first met Heidegger (1927/1962). Later, in 1927, Husserl and Heidegger wrote *Phenomenology* for the 14th edition of the *Encyclopedia Britannica* (Husserl, 1931/2014; Moran & Cohen, 1988).

Influenced by Husserl, Heidegger (1889–1976) entered the University of Freiburg in Germany, where he published his doctoral thesis on *psychologism* with Husserl's help (Husserl, 1931/2014; Moran & Cohen, 1988). After a term in the military, Heidegger returned to the university and became a salaried assistant to Husserl. Again with Husserl's assistance, Heidegger earned a faculty position at the University of Marburg, Germany. In 1928, Husserl retired from the university, although he and Heidegger remained close until Husserl died in 1938. Heidegger moved away from phenomenology to the *thought of being and existentialism*, as defined by Husserl.

The basic difference in the beliefs of Husserl and Heidegger was that Husserl believed that researchers could remove or *bracket* themselves from the research process and view the phenomenon's essence; conversely, Heidegger asserted that a researcher could not remain neutral during the research process (Carr, 1987; Heidegger, 1927/1962; Husserl, 1931/2014; Moran & Cohen, 1988). As a counselor with more than 15 years of experience, 6 of those years spent working in a rural community, I would have found it challenging to interview other rural counselors and remain completely neutral. For this reason, I elected to embrace Heidegger and his views on interpretive, hermeneutic phenomenology instead of Husserl's view of descriptive, transcendental phenomenology.

Heidegger developed hermeneutic phenomenology with a belief that individuals view the world through different lenses, with their interpretations of the phenomenon providing unique meaning (Heidegger, 1927/1962; Holroyd, 2007). Heidegger used the term Dasein to describe a person's sense of being in the world in relation to the phenomenon (Heidegger, 1927/1962). Heidegger's concept of *Dasein* indicated that the term *being* did not include the separation of individuals from their experiences. It is through understanding the individual's perspective and interpretations that one can understand to understand and explore the phenomenon (Heidegger, 1927/1962), which I undertook in this study. Any interpretation of a phenomenon requires the researcher to reflect on his or her understanding of that phenomenon and reflect on personal experiences, assumptions, predictions, and the hermeneutic circle (see Figure 1) to review and identify patterns and develop new ways to look at the phenomenon (Gadamer, 1960/1989).
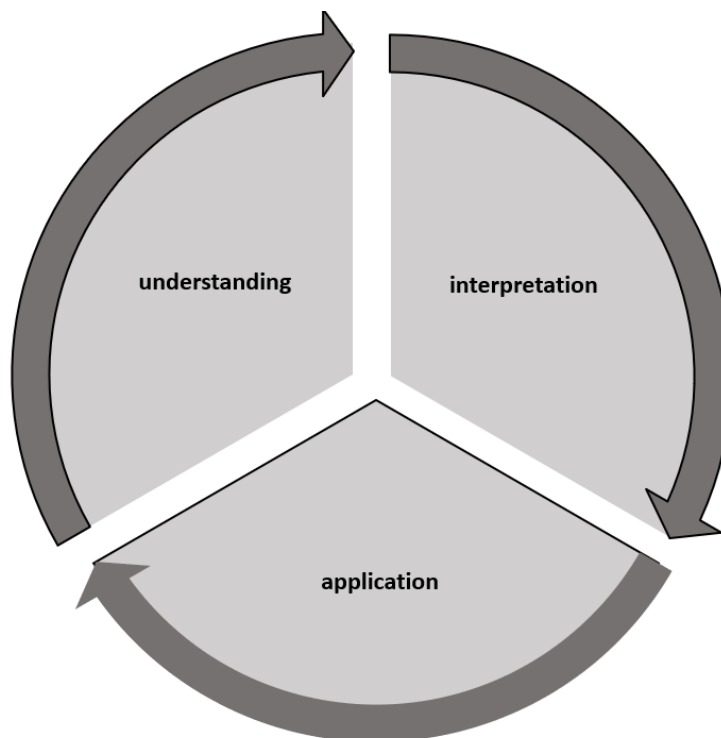
Figure 1. The hermeneutic circle – 1.

By using a hermeneutic phenomenological perspective, the subjective view of the participating individuals experiences allowed me to become immersed in the participants lives. This framework helped me identify themes and patterns to answer the research question (see Heidegger, 1927/1962; Pascal et al., 2010). Understanding the participants' perspectives through interviews provided me with a greater understanding of their experiences and their interpretations of the phenomenon (see Pascal et al., 2010).

Regarding sample size, Smith et al. (2009) explained that when conducting a study using the IPA approach, a small sample size of three to six participants was optimal to handle the generous amount of data each participate will generate. Smith et al. posited that the aim of an IPA researcher is "to find a reasonably homogeneous sample, so that, within the sample, we can examine convergence and divergence in some detail" (p. 3).

Researchers who choose the IPA approach engage in a double hermeneutic because "the researcher is trying to make sense of the participant trying to make sense of what is happening to them" (Smith et al., 2009, p. 3). The data collection method could include semistructured interviews with open-ended questions, diaries, or observations to collect rich data. Smith et al. claimed, "Participants should have the opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at length" (p. 4).

Within the scope of phenomenology, researchers may select from different types. Among the various types, the most commonly used are descriptive and hermeneutic phenomenology (Sloan & Bowe, 2014). Descriptive, which Husserl created, consists of "true meanings through engaging in-depth into reality" (Shosha, 2012, p. 32). Although overlaps exist in the two types of phenomenology, "hermeneutics comprises not only descriptions of the major concepts and essences but also looks for meanings embedded in common life practices" (Shosha, 2012, p. 32).

According to Sloan and Bowe (2014), in hermeneutic phenomenology, "the focus is on understanding the meaning of experience by searching for themes, engaging with the data interpretively, with less emphasis on the essences that are important to descriptive phenomenology" (p. 9). In this study, I looked for the meaning embedded in everyday practices of rural counselors. I also searched for themes in the raw data. Therefore, hermeneutic phenomenology with an IPA approach was an appropriate choice for answering the research question.

In describing hermeneutic phenomenology, Crowther, Ironside, Spence, and Smythe (2017) asserted that it "hermeneutic phenomenology provides glimpses of the meanings that reside within human experience" (p. 827). Crowther et al. (2017) continued that there are no right or wrong answers in hermeneutic phenomenology and encouraged researchers to look for unnoticed aspects of the phenomenon. Researchers should also remain open to changes within the phenomenon and work with the collected data in an emergent fashion. Researchers should also help participants uncover the hidden or forgotten. Further, considering the recommendations of Crowther et al. (2017), as the researcher,I have an intimate understanding of the phenomenon experienced by the participants because I am a counselor who has worked in a rural area for more than 15 years.

The hermeneutic phenomenologist's understanding of participants' experiences should intertwine and evolve into an interpretive process (Crowther et al., 2017). In hermeneutic phenomenology, the researcher becomes enmeshed in the story, as told by the participants, by listening to their narrations. The researcher must understand that there is no truth more important than another, as there is no hierarchy of truth. According to Crowther et al. (2017), "The purpose [of hermeneutic phenomenology] is to reveal that which lies in, between, and beyond the words while staying close to the phenomenon of interest" (p. 829).

Hermeneutic Phenomenology Research

Various counselors have used hermeneutic phenomenology to conduct studies with their clients and other providers. Wharne (2017) used hermeneutic phenomenology

to study counselor burnout. Also recommended by Van Manen (1990), Wharne posited

that the researcher should become "immersed in the data, moving continuously between a

whole and the part and whole in a hermeneutic circle, employing three methods of

reading: holistic, selective and detailed" (p 138).

Strong, Pyle, deVries, Johnston, and Foskett (2008) adopted hermeneutic

phenomenology, discourse analysis, and autoethnography to help counselors make

meaning from their clients' discourse. Strong et al. also cited Van Manen (1997) to

explain that hermeneutic phenomenology focused on the meaning of words. Therefore,

counselors should help their clients gain meaning from their experiences of an event.

Steinbrenner, Shawler, Ferreira, and Draucker (2017) used hermeneutic

phenomenology to explore the lived experiences of South African women who sought

help with their memories of experienced sexual abuse. Iarussi (2018) also adopted

hermeneutic phenomenology to study eight college students recovering from substance

use disorders. The researchers immersed themselves in the phenomenon before

conducting the interviews.

In this study, I used hermeneutic phenomenology to provide rich descriptions of a

small sample of rural counselors' experiences using technology to assist with isolation

and connectivity challenges. I also used a qualitative IPA approach to gather information

about rural counselors' experiences of using technology to address professional isolation.

I used interviews, reflective journaling, and field notes to collect descriptive data and

identify common themes and patterns in the participants' responses. When interviewing

the participants, I was *present*, I was *there*, or used Dasein and refuted all previous

conceptions (Heidegger, 1927/1962). I also remembered the importance of the hermeneutic circle as I interviewed participants (Gadamer, 1960/1989; Wharne, 2017). A hermeneutic phenomenological approach allowed me to gather information in the participants' natural environment while remaining involved in the study (see Sutton & Austin, 2015).

Rural Counselors

Counselors who work in rural communities face different professional and personal challenges than urban counselors (T. Wilson et al., 2018). Serving in a rural community can be a challenge for counselors, as they lack resources to manage their stress as they promote care for themselves and wellness for their clients. However, counselors have an ethical responsibility to monitor themselves for any sign of impairment and take action to promote their mental, physical, and psychological wellness (American Counseling Association, 2014). Impairment affects not only counselors' physical and emotional health, but the organization and the clients they serve (Oser et al., 2013).

Rural environments have a unique culture; as such, counselors must remain aware of the challenges in rural areas to maintain their emotional and physical wellness and effectively serve their clients. Working in a rural community can be an isolating experience. A counselor may be the only provider in the area and may spend hours in their car driving to see clients or attend trinings that are not locally available (Bray, 2016). Additional challenges for rural counselors include dual relationships, ethical dilemmas, clients' self-stigmas about receiving mental health services (Larson &

Corrigan, 2010), and professional isolation (Imig, 2014). In this chapter, I used the

hermeneutics phenomenological framework and the IPA approach to discuss the five

areas important to this study: (a) why counselors choose to work in rural areas, (b) the

benefits of working in rural areas, (c) the challenges of working in a rural community, (d)

professional isolation, and (e) the use of technology to address professional isolation.

Life in Rural Communities

Life in a rural area is picturesque: lots of land, a slow environment, and strong

social connections. Rural living has a unique culture with different educational levels,

transportation problems, poverty levels, and gender roles than urban communities

(Vaishare, Vidovicova, & Figueiredo, 2018). However, defining rural communities is a

challenge because of the many views of what constitutes a rural community.

According to the U.S. Census Bureau (2018), "rural" is "all populations, housing,

and territory not included within an urbanized area or urbanized cluster" (para. 3). In

2019, according to the Rural Health Information Hub, 150,952 people resided in rural

areas in Maryland. Density is a key factor when defining rural areas because there must

be 1,000 people per square mile to qualify as an urban block (Ratcliffe, Burd, Holder, &

Fields, 2018). In addition to the population and geographical differences in rural

communities, there are also cultural variations. Residents of rural communities often

experience difficulties accessing health care because of a lack of providers and

transportation issues; additionally, they may need to rely heavily on community members

to provide mental health services (Imig, 2014).

Members of rural communities often seek counseling services from their churches, schools, or community programs because of the stigma of receiving mental health care (R. Wilson, Wilson, & Usher, 2015). According to Roka (2018), people who live in rural communities relate to nature and focus on careers in agriculture but might lack the scientific resources or knowledge possessed by urban citizens. Often, rural individuals ignore their mental and physical health because they consider productivity and the ability to work as indicators of good health; identifying illness might not occur until an individual becomes disabled (R. Wilson et al., 2015). Rural individuals value self-sufficiency and their family's confidentiality. A lack of trust of outside professionals can be a barrier for rural citizens seeking help outside of their immediate support circles (Johnson & Mahan, 2020).

People who live in rural communities experience higher incidents of domestic violence, child abuse, depression, and suicide than individuals in urban environments (Robinson et al., 2012). Because of a lack of mental health practitioners, rural citizens often seek services from their primary care providers. Robinson et al. (2012) conducted a focus group with rural primary-care providers to explore how those who had received treatment for mental health issues experienced care by community providers. Forty-four patients and adults with children participated. The data analysis found five themes of barriers to receiving care. The participants' experiences with mental health illness and treatment produced the following themes: (a) feelings of shame and stigmas about receiving mental health care, which affected their willingness to seek care; (b) distance; (c) financial concerns; (d) a lack of knowledge about community resources to access

care; and (e) feeling their providers did not have the competence to treat mental health issues. The participants reported that they felt unable to receive the help they needed and often had to advocate for their treatment. Robinson et al. recommended future research on a community approach for treating mental health issues with an integrative model that included providers, participants, and community members.

Counselors Who Practice in Rural Environments

Counseling in rural communities can be a challenge because of cultural issues and the personal stressors of living in that environment. Rural counselors report significant rewards of working in rural communities; however, challenges remain because of ethical issues related to dual boundaries, a lack of adequate resources and training, and professional isolation (Cohn & Hastings, 2013). Various researchers have studied rural mental health care; however, I found limited research on using technology to address counselors' isolation in rural communities (Imig, 2014).

The American Counseling Association (2014) provides a code of ethics to assist counselors in thier delivery fo services to thier clients. The code of ethics is a guide for counselors in performing their professional duties and dealing with ethical situations; however, it does not address the challenges present in rural communities. Counselors who work in rural communities often receive no training on the cultural issues present in rural communities, as few graduate programs provide specialty training on rural mental health (Fifield & Oliver, 2016). Although negative aspects of working in rural communities exist, positive factors attract counselors to work in rural communities as well.

Why Counselors Work in Rural Communities

Oetinger, Flanagan, and Weaver (2014) sought to understand why counselors chose to work in rural communities despite the risk of burnout and the associated challenges. Oetinger et al. found that the rewards of working in rural communities included diverse clientele, a close-knit community, and financial benefits, despite the continual pressure to grow personally and professionally. In a similar study, McNichols, Witt, and Gatewood (2016) identified the themes necessary for a rural counselor's success: flexibility and the ability to adapt to the rural culture's needs, community connection, and knowledge of the community where he or she works. Understanding the benefits and rewards associated with rural practices can help address the challenges that rural counselors experience (McNichols et al., 2016).

Although counselors have reported challenges of working in rural communities, they also identify the benefits and rewards. Counselors who elect to live in rural communities indicate that they feel closely connected to their communities. They enjoy a slower-paced environment than in urban communities, and they have similar cultural beliefs and values as the community members (Hastings & Cohn, 2013). Additional reasons why counselors elect to work in rural areas include growing up there, wanting to stay connected to family and friends, and having existing attachments to the community (Gillespie & Redivo, 2012).

In 2014, Oetinger et al. recruited participants from the National Association for Rural Mental Health, the Western Interstate Commission for Higher Education, and the Center for Rural Psychology for a quantitative study on why mental health professionals

decide to work in rural communities and the factors in their decisions. The study included

103 participants (51 from rural areas and 52 from urban communities) from throughout

the United States who completed online surveys. The inclusion criteria included mental

health professionals who lived in rural areas, according to the U.S. Department of

Agriculture (2018) definition, who held bachelor's, master's, or doctoral degrees.

The participants reported that they chose to work in rural areas for several reasons

(Oetinger et al., 2014). Among those listed were (a) to help an underserved population,

(b) to enjoy a slower pace of life, (c) to work with a variety of clients instead of

specializing, (d) to work in natural rather than urban surroundings, and/or (e) because a

rural environment was preferred. The participants also noted that they enjoyed learning

the skills needed in rural areas, they were proud of their work in rural areas, and they

gained knowledge in topics outside their specific field.

Oetinger et al. (2014) recommended that future researchers should evaluate the

rewards of working in a rural community to address counselor retention. Another

recommendation was to focus on the benefits and rewards of practicing in rural

communities to attract additional mental health professionals. Oetinger et al. also

suggested future research to conduct longitudinal studies to see if counselors changed

their opinions over short or long periods of employment.

Challenges of Working in Rural Communities

Researchers have investigated the benefits and rewards of being a mental health

counselor in a rural community. However, the challenges of such communities could

cause rural counselors to experience higher risks of stress and burnout than urban

counselors (Chipp et al., 2011; Gillespie & Redivo, 2012; Hastings & Cohn, 2013; Kee et al., 2002). Rural counselors can experience anxiety due to a lack of community resources, training, supervision, and support systems, which could affect their overall wellness and the care they provide to clients (Riding-Malon & Werth, 2014).

Ethical dilemmas in rural areas include balancing multiple relationships and maintaining counselor-client boundaries (Gillespie & Redivo, 2012). Counselors and clients may have preestablished connections due to the tight-knit community (Cohn & Hastings, 2013). Gonyea et al. (2014) found that counselors were unable to avoid dual relationships in rural communities. The researchers recommended implementing training programs on decision-making to address difficult ethical issues. Additional challenges faced by counselors in rural areas include high visibility (Cohn & Hastings, 2013; Werth, Hastings, & Riding-Malon, 2010), professional isolation (Cohn & Hastings, 2013; McNichols et al., 2016), and feeling like outsiders (Werth et al., 2010). Some other challenges experienced by rural counselors include a shortage of providers and professional isolation (Imig, 2014). Rural communities often ack these resources, and issues with burnout and professional isolation continue.

T. Wilson et al. (2018) conducted a qualitative narrative inquiry to examine counselor retention with eight counselor participants (seven female, one male) from a Midwestern state. The researchers explored the retention of rural counselors to determine why they stayed. Participants were licensed counselors who worked in rural areas and had at least 10 years of experience. Four themes emerged from a thematic narrative analysis of the data collected from individual interviews: "(a) historical legacy and

connections, (b) distance, (c) way of life, and (d) ethics" (T. Wilson et al., 2018, p. 243). Participants who had not always lived in rural communities reported feeling disconnected and unaccepted and had high attrition rates in the rural communities where they practiced. Ethics were an additional challenge, as the counselors often found themselves in social situations with their clients.

All the participants in T. Wilson et al.'s (2018) study reported that their jobs required them to travel great distances, with 175 to 200 miles a day not unusual. One participant noted she covered 20 counties with her practice. The participants also explained that missed appointments and no shows were common occurrences. Despite these drawbacks, all participants reported that they enjoyed living in rural areas. They listed benefits, including the friendly environment and close accessibility of markets, banks, and stores, as well as the quiet and peaceful environments (T. Wilson et al., 2018).

T. Wilson et al. (2018) recognized that interviewing only eight participants was a limitation of their study. Therefore, they recommended future researchers to conduct studies in different geographical locations. They also suggested scholars include more than eight participants and investigate the retention and training of counselors in rural communities.

Issues with boundaries and dual relationships could affect a counselor's ability to balance personal and professional life (Gillespie & Redivo, 2012). Riding-Malon and Werth (2014) discussed the effect of boundary issues on a counselor's personal life. The researchers explained that the *fishbowl effect* occurred when counselors worried about meeting their clients by chance in the community. The counselors in Riding-Malon and

Werth's study felt concerned about confidentiality breaches because of their proximity to the community.

Gonyea et al. (2014) explored dual relationships in rural communities through a qualitative phenomenological study with 15 marriage and family therapists from rural areas in the U.S. Southeast. The researchers chose a diverse group of participants between the ages of 29 and 60 years who worked in private practices in community settings. All the participants were members of the American Association for Marriage and Family Therapy, and most had practiced for more than 20 years. Gonyea et al. (2014) asked questions about participants' experiences with dual relationships in rural communities. Another issue investigated was the lack of resources available to counselors in rural areas. Findings showed that counselors often had to rely on their judgment and that deterioration could occur when they managed their professional obligations without support.

Gonyea et al.(2014) explained that dual relationships do occur in rural communities and the counselors complained about a lack of available social support, which resulted in professional isolation. The authors explored how licensed marriage and family therapists viewed their code of ethics and their decision-making process for ethical dilemmas, particularly dual relationships. Gonyea et al. collected data through telephone interviews, surveys, and in person at the American Association for Marriage and Family Therapy's division conference. The researchers analyzed data with a sorting process to look for common themes and behaviors among the participants and compared the data.

The data analysis showed common themes (Gonyea et al., 2014). The participants said that they received referrals from people they knew, and they often matched and referred out clients by considering the referred individuals' ethnicity or religious beliefs. The participants also noted that they prioritized safety. The counselors reported seeing certain clients if there were no available referral resources or if clients refused to seek therapy unless the participants saw them.

Gonyea et al. (2014) noted that all participants managed the issues of dual relationships in a similar manner. The therapists referred clients they knew well personally, and explained the referral process and conflicts with dual relationships to preserve their existing relationships. The participants also reported they referred out potential clients if they knew them, if their children or spouses knew them, if they were family members or friends, or if they shared social groups. The influential factors for the decision-making model fell into four categories: (a) therapists' professional judgment, (b) the level of benefit or harm that could happen to the client, (c) the type of relationship, and (d) the amount of supervision or consultation needed to assist a client with decision-making (Gonyea et al., 2014).

Cohn and Hastings (2013) conducted a survey with providers in rural communities to gain insight into their experiences. The researchers reported rural counselors' struggles, such as not feeling assimilated and accepted into the community. In addition, the residents had close connections to their communities that counselors struggled to penetrate. Rural counselors often experience difficulties because they lacked multicultural resources, religious groups, or minority support systems.

Johansson et al. (2019) conducted a quantitative study of 250 licensed psychologists, mental health providers, and drug and alcohol counselors who did not prescribe medication. The professionals comprised a large portion of the community in rural Nebraska. The purpose of the study was to examine the participants' views on how to improve mental health services in their rural areas. Johansson et al. also investigated barriers to receiving care, solutions to these barriers, and challenges to practicing in rural areas.

In a similar but older study, McDonald et al. (2014) examined mental health providers' experiences of the problems associated with practicing in urban or rural areas. McDonald et al. administered surveys to 159 mental health professionals in Idaho; in a follow-up survey 18 months later, 131 of the original 159 mental health professionals participated. The inclusion criteria included registered or licensed practitioners who lived in urban, rural, or frontier areas. The researchers also collected demographic information on the participants' training and experience, types of clients served, and payments accepted.

McDonald et al. (2014) conducted a content analysis to cluster the responses into common themes, subsequently performing a chi-square analysis to identify if differences in perspectives existed based on the participants' specialty areas of practice. The results showed that anxiety was the predominant issue listed by 37% of professionals from urban areas, 19% of professionals from frontier areas, and 28% of professionals from rural areas. Substance abuse was a major problem, as reported by 53% of frontier providers and 33% of urban providers. Domestic violence was also a more prevalent issue in

frontier areas than in urban areas. McDonald et al. noted that substance abuse and domestic abuse were common problems in isolated regions, whereas anxiety was an issue in urban areas. The researchers posited that fast-paced environments and stressors cause increased anxiety levels. In rural areas, individuals may self-medicate to compensate for not seeking help; however, it was unknown whether rural residents failed to seek help because of a lack of providers or resources.

The first limitation of McDonald et al.'s (2014) study was the use of a self-report survey to collect the data of the participants' perceptions of mental illness in their environments. Other limitations included a sample that may have been an inaccurate representation of all practitioners because of the lack of clients searching for employment in rural or frontier areas. Moreover, the researchers noted the limitation that no physicians or primary care practitioners participated in the study.

In line with McDonald et al.'s (2014) findings, Bischoff et al. (2014) posited that rural residents experienced higher rates of suicide, substance abuse, domestic violence, and depression than residents of urban communities. Bischoff et al. reported that the patients with probable mental health issues sought treatment from their primary care physicians due to issues with access to care, transportation, and the stigma associated with seeing mental health counselors. However, primary care physician providers often lack the skills and training that mental health counselors have.

Although the literature has shown the severity of mental health issues within rural areas, the need for services remains. Cherry et al. (2017) explored the problems rural clients experience when trying to obtain mental health counseling. The researchers

studied 32 participants from different professions, including nurses, business owners, clergy people, school personnel, and county commission members who lived or worked in a rural community. The participants completed surveys and participated in one of four focus groups. The authors explored the biggest problems in rural communities regarding health care, with four findings: (a) suggestions or recommendations to address the problems, (b) a need to check the availability of community resources, (c) a need to address the barriers to receiving healthcare, and (d) a need to explore additional services to assist in receiving care.

Cherry et al. (2017) used thematic analysis to find common themes from the participants' responses. The researchers highlighted the issues already present in rural communities. The results showed significant challenges within the community to be poverty, substance abuse, suicide, a lack of knowledge on how to access services, a lack of providers, and a lack of services to address these issues properly. Cherry et al. suggested that financial assistance with copays and programs for individuals without insurance could mitigate these problems. The authors recommended that future researchers use follow-up surveys to discover the issues in rural communities and explore the experiences of those who provide care.

Johansson et al. (2019) identified barriers to receiving mental health services, including the inability to afford care and a lack of insurance or insufficient insurance to cover treatment. The authors found that prioritizing insurance reimbursement was a challenge for providers who delivered client care in rural areas. The specific insurance problems included difficulty in receiving reimbursement from insurance companies,

either with not receiving compensation from Medicaid or receiving no reimbursement at all. The researchers suggested that making the public aware of mental health, the importance of receiving care, and how to access care could improve mental health care. Johansson et al. recommended mental health providers promote mental health services in schools and health settings.

A limitation of Johansson et al.'s (2019) study was not expanding it to include physicians and nurse practitioners who may have had different views of mental health. The authors also recognized they could have had skewed results because they only surveyed participants from Nebraska; therefore, results may not have been generalizable to other rural states. Another limitation was that the opioid epidemic in rural areas could have affected the resources available for mental health (Johansson et al., 2019).

Rural communities also experience issues with counselor retention. According to the National Association for Rural Mental Health, 65% of rural populations, or 55 million people in the United States, did not have access to mental health care providers in 2019 (Christman, 2019). Therefore, about 20% of the individuals in the United States struggle with mental health issues but do not receive adequate care (Riding-Malon & Werth, 2014).

Older citizens who live in rural communities also suffer from mental health issues. Gurnon (2018) reported increased rates of mental health illnesses in rural communities among individuals greater than 60 years old. The findings showed that between 10% to 25% of older people suffered from mental health issues. In a report for The John A. Hartford Foundation, Gurnon discussed a study with 478 persons over 60

years of age conducted by researchers from the Wake Forest School of Medicine. The findings showed the prevalence of anxiety and depression among older citizens. Barriers to treatment included the stigma of asking for help, long distances from mental health workers, not knowing where to go for help, mistrust of counselors, and a hesitation to share personal information with a stranger (Gurnon, 2018).

Cohn and Hastings (2013) found that rural residents faced higher risks of dying from suicide than their urban peers, partially because of a lack of mental health providers in their communities. Counselors face the issues of dual relationships, a lack of resources, professional isolation, and the stigmas related to accessing mental health resources (Cohn & Hastings, 2013; Gillespie & Redivo, 2012). Counselors in rural communities are at higher risk of these challenges than their urban peers. When compared to urban counselors, rural providers experience more stress and burnout because of high caseloads, a lack of specialized training for practicing in rural communities, and the intense issues presented by clients (Cohn & Hastings, 2013; Gillespie & Redivo, 2012; Kee et al., 2002).

In another older study, Kee et al. (2002) recognized that social support was a valuable tool for preventing burnout among counselors. The researchers administered the Maslach Burnout Inventory to 220 counselors to see if there was a relationship between burnout and social support. The results showed that a lack of social support in the community led counselors to experience higher risks of burnout than their urban peers. The rural counselors reported a high risk of burnout when they did not receive sufficient guidance and feedback, which resulted in professional isolation.

As with other researchers, Imig (2014) found that rural counselors lacked resources and experienced isolation. A lack of support services and necessary tools (e.g., uninterrupted cellular service) presents challenges, and a shortage of colleagues could result in feelings of isolation. Among the common problems rural counselors face are isolation, a lack of resources, and dual relationships (Cohn & Hastings, 2013; Imig, 2014; Riding-Malon & Werth, 2014).

Imig (2014) conducted interviews to explore the perspectives of four licensed counselors in the rural Midwestern United States (i.e., Nebraska and South Dakota) to identify their experiences with working in rural areas. Imig also wanted to understand the rural environment's effect on the counselors' roles and supervision. Imig coded and analyzed the data using a phenomenological approach to develop themes from the participants' responses. Member checking was also a means used to verify the accuracy of the data.

An analysis of the participants' responses yielded five themes: a need for flexibility, resources, isolation, ethical dilemmas, and finding meaning in one's work (Imig, 2014). The researcher also explained that the participants had to adjust to living in rural areas, as they had to maintain multiple roles and travel long distances to reach their clients. Imig also discussed how a lack of resources caused barriers; however, the participants had started to use technology to receive supervision and training.

Imig (2014) explained that a limitation of the study was the small sample size and the lack of diversity; all the participants were White women. Another concern was that all participants self-reported and may have minimized some of the challenges they

experienced in rural communities. Imig recommended that graduate school educators train clinicians on dealing with ethical dilemmas and that student counselors receive specialized training about rural communities. Imig further urged future researchers to use a larger, more diverse population to obtain information about the experiences of working in rural communities.

Paulson and Casile (2014) studied 40 counseling supervisors from Northwestern Pennsylvania in a mixed-methods study on the challenges of practicing and supervising in a rural community. The challenges included "burnout, isolation, quality of supervision, level of confidence, and overall supervisor's needs" (Paulson & Casile, 2014, p. 207). Participants were counselor supervisors who had at least a bachelor's or Master's degree in mental health and monitored between one and 65 professionals. The researchers gathered quantitative information with surveys and then had the participants attend a 6-month follow-up peer-group training. The purpose of the study was to explore rural supervisors' needs through a 1-day training session and provide other support as needed.

The participants attended a 1-day training for supervisors; however, before the training, Paulson and Casile (2014) administered surveys to explore the supervisors' feelings about isolation and burnout and their confidence in their abilities to supervise. The survey results indicated that participants felt concerned about their training and its relevance to their jobs. Six months after the training, six participants who had taken the Maslach Burnout Inventory reported the same concerns as earlier in the study. Paulson and Casile used descriptive statistics to find the mean and standard deviation; the inferential statistics included a *t* test and an analysis of variance (ANOVA).

On the Maslow Burnout Inventory, the supervisors gave low scores for burnout and isolation but felt confident in their abilities to supervise during the pretraining sessions (Paulson & Casile, 2014). However, the participants reported the need to network with other supervisors. The participants said that the session provided them with much-needed training and increased their confidence levels in their roles. During posttraining, the supervisors said they had improved their knowledge and skills and felt decreased burnout. The researchers recommended future studies on rural supervisors with a more diverse sample. Paulson and Casile (2014) also suggested future researchers conduct a longitudinal study to determine the effectiveness of training programs.

Methods to Manage the Challenges of Rural Counselors

Recommendations for addressing burnout among rural counselors include developing adequate support systems, receiving continuous supervision, creating wellness programs, and seeking personal counseling (Wardle & Mayorga, 2016). Cohn and Hastings (2013) suggested mental health providers select specialties or brands that require them to understand the needs of rural community members. Riding-Malon and Werth (2014) offered that psychologists should collaborate with other professionals in the community to establish a referral network. Riding-Malon and Werth also recommended that counselors collaborate with clients' medical doctors to reduce the stigma associated with seeing mental health providers. The researchers further suggested that mental health providers use telehealth and technology for supervision and consultation (Riding-Malon & Werth, 2014).

Johansson et al. (2019) posited that solutions to providing care include tax breaks, behavioral health training for first responders and emergency medical services personnel, and developing coalitions. Johansson et al. recommended overcoming barriers to care by expanding existing services outside of mental health (because of a shortage of providers). Suggestions for doing so were to include other disciplines, such as emergency medical services and health care, and to develop new solutions to recruit and provide mental health services.

McDonald et al. (2014) recommended that practitioners in rural or frontier populations receive additional training on the prevalent issues in their areas, with more resources provided for domestic violence and substance abuse. McDonald et al. also recommended expanding services outside of behavioral health to primary care physicians. The researchers also advised future researchers to reassess their studies to show the differences between practitioners who work in urban and rural areas.

Paulson and Casile (2014) found the need for support and mentorship in rural communities. These authors recommended counselor education training to teach new counselors about networking skills and life in rural communities. Another recommendation was the use of technology and online support to access supervision, peer support, and training. Wrote Paulson and Casile, "Different modes of technology that can be used to deliver supervision include websites, telephones, Skype, Second Live, e-mail, online discussion forums, and videoconferences" (p. 216).

Wolf, Thompson, Thompson, and Smith-Adcock (2014) conducted a pretest/posttest study by administering the IS Wellness survey to 38 Master's- or

doctorate-level students attending school for mental health counseling, school counseling, or marriage and family therapy. The researchers studied the students' wellness factors based on findings from the surveys before and after personal wellness workshops. Measurement of the wellness factors took place on the premise that neglecting one area of life could have negative consequences leading to high risks of burnout and stress; thus, Wolf et al. emphasized the importance of self-monitoring and self-care.

Wolf et al. (2014) conducted a Pearson product-moment correlation and paired t tests, finding that participants who attended the workshops became more aware of their wellness. After attending the wellness programs, participants reported becoming aware of their wellness needs from attending programs, receiving e-mails about wellness, or engaging in self-care. Wolf et al. suggested that future researchers conduct studies on wellness and self-care strategies. The researchers also recommended longitudinal studies to explore the long-term effects of wellness programs on overall holistic wellness (e.g., emotional, physical, and spiritual wellness).

Professional Isolation

To confirm Wolf et al.'s (2014) study on counselors in rural communities, Bray (2016) found that most rural counselors identified professional isolation as a challenge. Bray explained that professional isolation occurs because of a shortage of providers, close proximity to clients and limited space, and the inevitability of encountering clients in the community. Self-disclosure could be a therapeutic component to the counseling relationship because of the closeness of rural communities; however, too much self-disclosure can also create personal and professional boundaries issues.

Holliman and Muro (2015) defined professional isolation as a lack of support and contact with other mental health professionals for consultation or supervision. Professional isolation due to high caseloads and stress levels or a lack of resources could affect the counselor's judgment and insight (Holliman & Muro, 2015). The American Counseling Association's Code of Ethics (2014) indicated the importance of collaboration with other professionals to gather input and experience and hold each other accountable.

Oser et al. (2013) conducted a qualitative study with focus groups to explore the perspectives of rural and urban substance abuse counselors' experiences with burnout. The researchers found few differences between the occurrences of burnout between the two populations. However, higher and more severe burnout levels appeared in rural environments because of high stress, pressing demands, and a lack of resources for managing burnout.

In an older study, Kee et al. (2002) explored the relationship between burnout and social support among licensed professional counselors. Although dated, the study remains important because of its sample of 513 licensed counselors. Kee et al. used the Maslach Burnout Inventory and the Social Provisions scales to measure the different levels of social support. Findings showed that licensed professional counselors were at risk of burnout and received insufficient social support. Specific to social support, burnout levels increased when the participants reported low levels of social support. Kee et al. noted that "65% of the sample of rural mental health counselors scored at the moderate level or greater in burnout, and approximately 72% of the sample scored below the normative

sample means for social support" (p. 10). Thomas, Kohli, and Choi (2014) supported the findings by Kee et al. by identifying that rural human services workers experienced high rates of burnout because of increased professional isolation and a lack of organizational support.

Technology to Address Challenges of Rural Counselors

Gonyea et al. (2014) recommended that future researchers use additional methods to address the lack of supervision or consultation in rural communities. One suggestion was using telephone or web-based supervision, which can assist with accessing supervision that has been problematic for rural counselors because of the lack of resources available and the distance a counselor must drive to receive supervision or consultation (Gonyea et al., 2014). Similarly, Holliman and Muro (2015) advocated using technology to address professional isolation. Holliman and Muro noted that social media sites, such as Facebook, and counseling listservs, such as CESNET, enabled participation in groups where counselors could gain divergent perspectives on clinical issues. Technology-aided communication allows counselors to exchange information and views on theoretical interventions, new approaches, clinical treatment, emerging issues, and legal and ethical issues.

Johnson and Mahan (2020) added that rural members might feel apprehensive about incorporating technology into their mental health practices. Resistance to change could lead rural counselors to continue to use traditional face-to-face training. The inability to access a reliable Internet connection could leave only teleconferencing as a reliable technology.

Paulson et al. (2015) explored the experiences of individuals who attended an online peer consultation group. The researchers used grounded theory and conducted a focus group interview with the participants after attending the group, with a 6-month follow-up interview. The four key themes and categories were to fill the need, professional and personal development, power of the peer group, and technology use. The participants said that the experience enabled them to feel connected to each other. The members also reported decreased feelings of professional isolation after taking part in this study.

Similarly, Barnett (2011) identified the different ways psychotherapists could use technology to deliver client services, receive supervision and training, and access peer consultations. Recognized methods included using online videos and interactive televideo communication for training and clinical supervision. Barnett discussed how psychotherapists could use videos to enhance supervision. For example, the participants could videotape their sessions and receive clinical feedback from supervisors and other supervisees in a group setting. Barnett also suggested that technology could be a way to supervise and train counselors, which might address some of the issues faced by rural counselors. Similarly, Glueckauf et al. (2018) recommended training psychologists in telebehavioral health practices at the pregraduate level, with ongoing professional education. The researchers suggested gaining practical experience during training sessions to increase psychologists' efficacy with technology.

Evolution of COVID-19

In the first years of the 21st century, scientists and philanthropists predicted a major epidemic or pandemic. One reason for this prediction was that a pandemic had occurred every 100 years (Medjouel, 2019). In 1720, the bubonic plague, also known as the Great Plague of Marseille, France, resulted in the loss of approximately 100,000 lives. The cholera outbreak of 1820 led to more than 100,000 deaths in China, Indonesia, and the Philippines. The Spanish Flu of 1920 caused the death of over 100 million people and great disruption for 500 million more. At the time, the Spanish flu was labeled the deadliest pandemic in history. One hundred years later, in the early months of 2020, the world became aware of the novel coronavirus (COVID-19) and its destructive potential.

When I submitted this study to IRB for approval on January 6, 2020, few people in the United States knew about COVID-19. On the first of January 2020, before the study's data collection, COVID-19 had not yet impacted many Americans (Kantis, Kernan, & Bardi, 2020). In one of the first articles published on COVID-19, Huang et al. (2020) discussed the features of those infected with a "novel" virus. By December 31, 2019, officials in China had reported the symptoms of the novel virus to the WHO. Within 2 weeks, officials in a few other Asian countries recorded their first cases of COVID-19 (Kantis et al., 2020).

By January 20, 2020, four people had died from COVID-19 in China, and Chinese scientists declared that the infection spread by human-to-human transmission (Kantis et al., 2020). On that date, South Korea reported its first case, and China's Centers for Disease Control (CDC) officials classified COVID-19 as a Class B infectious

disease. The identification of the first case in the United States occurred the next day, January 21, as officials from other countries announced their first cases. On January 28, U.S. officials suspended all air travel from China. On January 30, the WHO identified the "coronavirus outbreak as a Public Health Emergency of International Concern" (Kantis et al., 2020). By February 15, WHO officials noted that the virus had pandemic potential. On February 25, San Francisco was the first American city to declare a state of emergency due to COVID-19. California was the first state to enter a state of emergency on March 4, followed by New York on March 7. On March 11, WHO declared COVID-19 a global pandemic (Kantis et al., 2020). By April 2, U.S. government officials ordered everyone but essential employees to stay home. As of April 29, there were more than three million confirmed COVID-19 cases in 185 countries. By the end of April 2020, there were approximately 220,000 recorded deaths due to COVID-19 (Kantis et al., 2020).

Officials from WHO and the U.S. CDC recommended social distancing, staying at home, shelter-in-place guidelines, and physical measures to slow the spread of COVID-19 (Tarlow, McCord, Nelon, & Bernhard, 2020). Such recommendations have caused counselors to adapt and utilize technology-based practices, which were often the only ways to deliver client services while social distancing (MacMullin, Jerry, & Cook, 2020). Phillips (2020) noted that "social distancing and social isolation are not the same" (p. 4). Social connectivity is a useful coping mechanism during a crisis, and technology has enabled people to stay connected with virtual fitness classes, dinners, and online classes (Phillips, 2020).

Conclusions

Rural areas struggle to attract and keep mental health counselors (Cohn &

Hastings, 2013), thus indicating the need for such professionals in these communities.

Government-subsidized programs produce limited results. Many counselors struggle with

issues such as poor wages, limited social opportunities, transitions to rural lifestyles, and

their partners' difficulties in finding adequate employment (Rhodes, 2014). Factors

adversely affecting retention include heavy workloads, a lack of professional

development opportunities, an absence of anonymity, and feelings of personal isolation

and cultural strangeness (Cosgrave et al., 2015). Contributing to retention are

"recreational opportunities, beautiful natural surroundings, lower cost of living, safety,

and accessibility of schools" (Oetinger et al., 2014, p. 241).

The President of the National Association for Rural Mental Health reported,

"Over 57 million Americans live in rural communities nationwide; however, 65% do not

have access to a psychologist or a mental health professional" (Christman, 2019, para. 5).

The situation could worsen, as the demand for substance abuse, behavioral disorder, and

mental health counselors could increase faster than average, with an expected 23%

growth between 2016 and 2026 (U.S. Bureau of Labor Statistics, 2019, para. 5; see

Figure 2).

Between 2018 and 2020, Maryland will require approximately 100 more

clinicians or school counselors (a 3.4% increase), and Virginia will need 80 more

clinicians or school counselors (a 2.5% increase; Projections Central, 2019). However,

challenges may obstruct the employment of counselors who choose to practice in rural areas. This chapter presented these challenges and possible remedies for such.
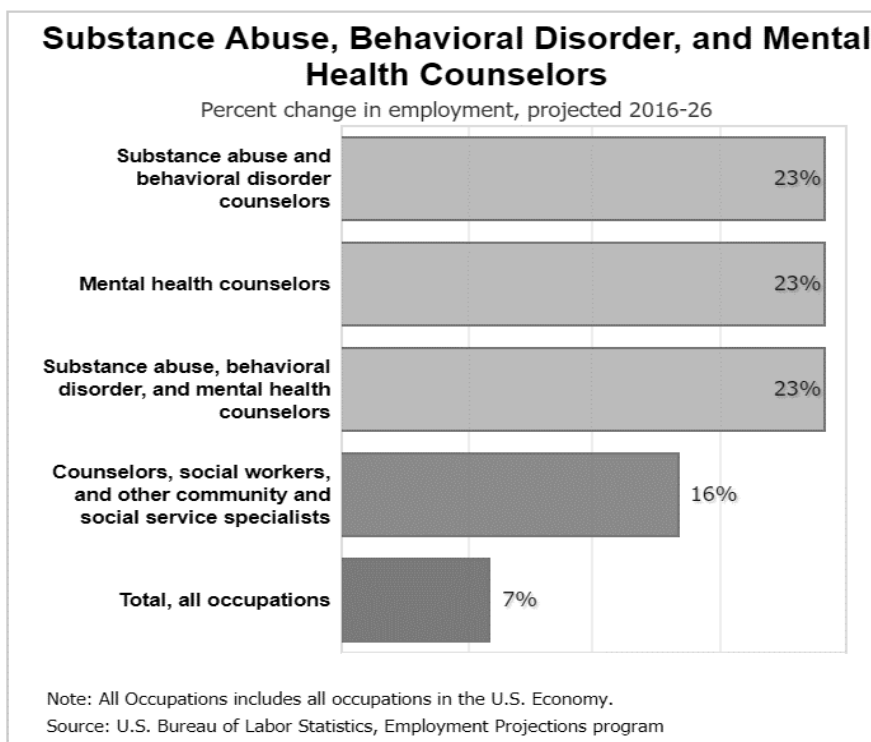
Figure 2. Percent of change in employment of counselors, 2016-2026. Adapted from "Substance Abuse, Behavioral Disorder, and Mental Health Counselors," by Bureau of Labor Statistics, U.S. Department of Labor, 2020. Copyright U.S. Department of Labor, 2020.

Summary

In the literature review, I identified the problems associated with rural areas and the counselors who work in these regions. I also discussed how to mitigate some of these challenges. Next, I explained hermeneutic phenomenology and IPA and why they were the appropriate framework and approach for this study. Chapter 3 will present the research design, data collection and analysis, sampling procedures, and ethical

considerations. In Chapter 4, I discuss the results of this study. Finally, in Chapter 5, I provide the study's summary, an interpretation of the findings, limitations, and recommendations, and implications for further research.

Chapter 3: Research Method

Introduction

The purpose of this hermeneutic phenomenological IPA study was to explore rural counselors' experiences with using technology to address professional isolation. This chapter includes the research design, methodology, population, sample, sampling procedure, and recruitment strategies. The chapter also presents the data collection and analysis, ethical considerations, and trustworthiness.

Research Design and Rationale

I considered qualitative, quantitative, and mixed methods when selecting this study's methodology. Quantitative researchers use deductive reasoning and measure numerical data to compare, predict, or correlate (Gravetter et al., 2018). Quantitative researchers use inferential and descriptive statistics, whereas qualitative researchers use narrative data collected from interviews or observations (Merriam & Tisdell, 2016). Quantitative research is objective; qualitative research is subjective. A quantitative researcher uses a much bigger sample size and generalizes the results to a larger population than a qualitative researcher. Generalization is not the aim of a qualitative researcher (Merriam & Tisdell, 2016). The purpose of this study was to explore counselors' experiences with using technology to address professional isolation in rural communities, not measure objective data from a larger population or archival data.

Mixed-methods researchers use numerical, quantitative data and qualitative, narrative data (Teddlie & Tashakkori, 2009). Saunders, Lewis, and Thornill (2012) stated that three elements indicate if a study should have a qualitative or quantitative approach:

"the nature of the research question, the research context, and likely research consequences" (p. 164). The purpose of this study was to explore a small group of participants' experiences with using technology to address feelings of isolation; therefore, I chose the qualitative approach to provide a descriptive analysis of the phenomenon and to study the processes and meanings behind individuals' experiences (see Smith et al., 2009).

Qualitative researchers can select from different research designs. I looked at five designs: narrative inquiry, ethnographic inquiry, grounded theory, case study, and phenomenology (see Merriam & Tisdell, 2016). The purpose of this study was not to tell the story of someone's life, as in a narrative study. Moreover, I did not intend to study a culture or ethnic group, as in ethnography. The purpose was also not to conduct research and develop a theory, as in grounded theory. Finally, I did not wish to conduct a data-rich study to describe, explain, or explore a case. Instead, the purpose of this study was to explore the participants' experiences with using technology to address feelings of isolation; therefore, a phenomenological design was the most appropriate approach to answer the study's research question.

The two main types of phenomenological research are hermeneutic phenomenology, developed by Heidegger (1927/1962), and transcendental phenomenology, developed by Husserl (1931/2014). Husserl believed that researchers could remove or bracket themselves from the research process and view the essences found in the phenomenon. In contrast, Heidegger asserted that a researcher could not remain neutral during the research process. Hermeneutic phenomenology is a complete

understanding of individuals' perspectives and interpretations, whereby one can understand and explore the phenomenon.

In consideration of the different research designs, I deemed hermeneutic phenomenology and IPA appropriate to explore rural counselors' use of technology to address professional isolation. In addition, the hermeneutic phenomenological approach enabled me to expand on the limited research of technology and professional isolation in rural communities by presenting the perspectives of the rural counselors who had experienced the phenomenon. As a counselor who has worked for more than 6 years in a rural environment and grown up in such an area, I understand that professional isolation can exist due to limited resources and dual relationships. I also recognize the importance of self-care strategies to attune counselors to their wellness and ensure they provide quality care. Counselors must receive support from colleagues and peers and opportunities to learn from others (Burck et al., 2014). Although the hermeneutic phenomenological approach includes interpretation and understanding, a researcher begins by exploring personal experiences and self-awareness to gain a deeper understanding during the interpretive process (Bynum & Varpio, 2018).

Role of the Researcher

As a researcher, observer, and participant in this phenomenological study, I was the main instrument for data collection and data analysis, with the aid of an interview guide, interview questions, and field notes (see Sheperis, Young, & Daniels, 2017). According to Sheperis et al. (2017), I needed to actively listen to my participants to understand the phenomenon of rural counselors from their perspectives. I also attempted

to understand the experiences of the participants. Good researchers and good counselors have certain commonalities (Merchant, 1997), which I endeavored to demonstrate in this study. When working with each participant, I strove to remain aware of my worldview, understand my participant's worldview, maintain an awareness of the participant's multiple dimensions, and encourage them to share narratives and stories. I also tried to remain tolerant of ambiguities, focus on the content and process of the participants' experiences, and empower the participants to share their experiences fully (see Merchant, 1997).

As a professional counselor who has practiced for more than 15 years, 6 of them in a rural environment, I knew some of the counselors who practiced in rural Virginia and Maryland. However, I did not recruit any friends or colleagues for this study. I am a licensed clinical professional counselor supervisor; therefore, I was sensitive to less-experienced rural counselors who may have felt intimidated or coerced by me. If I thought I could not assuage someone's concerns, I did not include that individual in the study. Finally, I explained to all potential participants that the risk of taking part in this study should be no more than that experienced in a typical workday. In turn, the benefits of participating including improving awareness of rural counselors' needs and the possible technological methods of addressing some of those needs. I did not offer an incentive to participate.

Methodology

The participants were professional counselors who practiced in rural communities in Maryland or Virginia. The inclusion criteria were that they held Master's degrees from

regionally accredited programs in counseling or related fields, were fully licensed in the state of practice, did not belong to a vulnerable group, had a minimum of 2 years' experience working in a rural community, and practiced in a rural area. The informed consent form presented these inclusion criteria. Also, I discussed the necessary qualifications the first time I contacted a potential participant.

I used nonprobability purposeful sampling, also known as criterion sampling; had it been necessary, I would have also used snowball sampling. I recruited a small sample of professional counselors, as is appropriate in a qualitative study. Smith et al. (2009) recommended an optimal sample size of three to six participants for an IPA study. Smith et al. recommended novice researchers use small samples because an IPA approach produces rich data. Each participant provided an abundance of data for analysis and interpretation.

I recruited the participants by posting flyers (see Appendix A) on professional counseling listservs and social media groups for which I was a current member of. I also visited the public websites of *Psychology Today* and Good Therapy.org for lists of practicing counselors. I collected data through semistructured interviews to garner participants' experiences and viewpoints of using technology to manage their wellness.

Upon acquiring five participants, I started collecting data. I conducted semistructured interviews to explore participants' experiences and viewpoints of their use of technology to manage their wellness. If needed, I conducted follow-up interviews with the participants to clarify and obtain missing information. In addition to the interviews, I used observations, field notes, and journaling to capture data and identify themes and

patterns from each participant's narrative. With an IPA approach, "Participants should have the opportunity to tell their stories, to speak freely and reflectively, and to develop their ideas and express their concerns at length" (Smith et al., 2009, p. 4).

Instrumentation

In a qualitative research study, the researcher is the main instrument, followed by the interview guide, interview questions, and journal. I asked the participants to complete a demographic form before scheduling the interview to ensure they met the inclusion criteria (see Appendix B). I conducted a prescreening, followed by a semistructured interview using the central question and subquestions. Sheperis et al. (2017) noted that a drawback of a qualitative study is that novice researchers may not ask the right questions. For this reason, I sought advice from my chair and one or two colleagues who had experience working in rural communities.

Procedures for Recruitment, Participation, and Data Collection

I began participant recruitment by going to the Rural Maryland Council (2019) and the equivalent in Virginia to procure a list of the identified rural counties in the two states under study. I obtained lists of licensed professional counselors in rural areas through the websites of Psychology Today and Goodtherapy.org. I conducted a google search using the zip codes of rural counties and emailed professional counselors requesing their participation in the study. I emailed the executive director of a professional counseling organization in Maryland, the name of the organization is not listed to maintain confidentiality of the participants, to obtain permission to recruit participants on their Facebook page (see Appendix C). I also contacted the Licensed

Clinical Professional Counselors of Maryland for approval to send the recruitment e-mail

and flyer to the providers on the listserv. Finally, I used social media to post on

professional counseling groups for which I was a member of inviting participants to

participate in the study.

The sampling procedure used was nonrandom, purposeful sampling. I used

specific inclusion criteria to ensure all the participants had experienced the same

phenomenon (i.e., a rural counselor who uses technology; see Sheperis et al., 2017). If I

had not secured an adequate number of participants with purposeful sampling, I planned

to use snowball sampling, wherein one participant could identify another individual who

also met the study's criteria (see Smith et al., 2009). However, I was able to recruit

sufficient participants and did not need to conduct snowball sampling.

Before collecting the data, I received approval from the Walden University

Institutional Review Board (Approval #01-06-20-0333793). Upon securing my sample, I

scheduled one-on-one interviews with each participant. If the counselors were not

available for face-to-face interviews, I conducted telephone or web-based interviews.

According to Brinkmann and Kvale (2014b), the primary purpose of a hermeneutic

phenomenological interview is to interpret "the meaning of texts [wherein] the concepts

of conversation and text are essential" (loc. 624). Unlike other qualitative research, in

hermeneutic phenomenology and IPA, not only is the participant's view important, but

the researcher must have a "foreknowledge of the text's subject matter" (Brinkmann &

Kvale, 2014b, loc. 624). As a professional counselor who had worked both in urban and

rural communities—with the last 6 years in a rural community—I fully understood the phenomenon under study.

I developed a demographic survey to screen individuals for the study (see Appendix B). After selecting the participants, I asked them to sign the informed consent. I e-mailed the informed consent form to all the individuals who expressed interest in participating, asking to read the form carefully to ensure they met the inclusion criteria. Two days after sending the form, I contacted all individuals to confirm they met the criteria; if they wanted to participate, I requested that they reply to my e-mail with the words "I consent." I then scheduled an interview date, time, and place convenient for each participant. At the time of the interview, I provided the participant with the demographic survey. I took the necessary steps to protect the participants' confidentiality. I explained to all counselors that although I would be publishing the dissertation, there would be no identifying information released. I did not use the participants' information for any purpose outside of the research project. I protected the participants' confidentiality in every way possible.

As I reviewed the informed consent and demographic form with each participant, I attempted to develop rapport, or what Brinkmann and Kvale (2014a) termed "briefing." Brinkmann and Kvale posited that the pre-interview time is crucial for an effective interview. The researchers also explained the importance of making the participants as comfortable as possible with the interview process. Following the guidelines for an IPA study, I explained that each participant could withdraw from the study at any point up to publication. Smith et al. (2009) recommended waiting a month after data collection

before publishing so that participants could review their transcripts for accuracy. I explained that withdrawing would not result in any repercussions.

I recorded the sessions with the use of two audio recorders. Before beginning, I asked the participants to turn off all other technology. When I conducted face-to-face interviews, I placed a "Do Not Disturb" sign on the door, which I locked, if possible. When I conducted the interviews via telephone, I asked the participants to go to private places and do whatever possible to avoid disturbances. I also placed a sound machine outside of the room to prevent others from overhearing.

I used a schedule to facilitate the interviews (see Appendix D). I reminded participants that they could stop or withdraw at any time up until the publication of the dissertation without repercussions or coercion. I reviewed the potential benefits and risks of participating with each counselor. The benefits of this study included addressing a gap in the literature of rural counselors' experiences using technology. This study contributed to the existing knowledge about wellness practices with technology that rural counselors use to address burnout and professional isolation. There were minimal risks with taking part in the study. I did not expect that the participants would experience more risk by participating than what they would in a normal workday.

Smith et al. (2009) indicated that an IPA researcher must bring to each interview "open-mindedness, flexibility, patience, empathy, and the willingness to enter into, and respond to, the participant's world" (p. 55). Smith et al. continued that a researcher should also convey "determination and persistence and curiosity" (p. 55). The scholars reassured novice researchers that there was no such thing as a "perfect data collection

event" (Smith et al., 2009, p. 55). They further explained that an interview schedule is a

helpful tool but cautioned that the schedule could change; accordingly, a researcher

should view the schedule as a loose agenda for the interview. However, an interview

schedule is a helpful tool that should include the questions the researcher would like to

ask. Smith et al. explained that the researcher should engage with the participants, listen

intently, and probe to learn about their lives; otherwise, "the data will be too thin for

analysis" (p. 57). During the interview, I followed Smith et al.'s advice, ensuring that the

"participants have the opportunity to tell their stories, to speak freely and reflectively, and

to develop their ideas and express their concerns at length" (p. 4).

Researchers can conduct highly structured, semistructured, or low-structured

interviews (Hesse-Biber & Leavy, 2010). In keeping with the IPA approach, I conducted

interviews that were semistructured to loosely structured to enable interaction and

information-sharing. I composed open-ended interview questions to encourage

communication (see Brinkmann & Kvale, 2014a). I followed the guidelines put forth by

Smith et al. (2009) and quashed any preconceived ideas of an ideal interview. Although I

brought the interview schedule with me, I allowed the natural development of the

conversations to occur. The interviews with each participant lasted as long as there was

forthcoming information. Once I was confident a participant felt ready to end the

interview, I turned off the audio-recorder. I then spent as much time as necessary to

debrief each participant and answer any questions (see Brinkmann & Kvale, 2014a).

I transcribed each interview and sent the transcripts to the participants for review.

If I discovered anything that required clarification after transcribing the interviews, I

arranged additional short interviews at times and locations convenient for the

participants. Once transcribed, I erased the tapes (see Birt, Scott, Cavers, Campbell, &

Walter, 2016).

Data Analysis Plan

I used IPA to analyze the data collected from the interviews to obtain meaningful

insight into rural counselors' lives and the technology they used to mitigate the

challenges of working in rural areas. Researchers often use IPA when analyzing topics

"complex, ambiguous and emotionally laden [and] difficult to articulate" (Smith &

Osborne, 2015, p. 41), which were qualities applicable to this topic. Qualitative

researchers also use IPA when they seek detailed interpretations of participants'

experiences and when they wish to help the participants make sense of their feelings

(Smith et al., 2009). The focus of this analysis was "moving from the particular

experience to the shared experience, from the descriptive to an interpretive process"

(Smith et al., 2009, p. 79). IPA is a cyclical procedure that includes interpretation based

on the researcher self-reflecting on personal perceptions, conceptions, and processes

while gathering data of the participants' experiences (Smith et al., 2009).

After I sent the participants transcribed copies of their interviews to confirm they

were accurate depictions, I followed the steps of IPA outlined by Smith et al. (2009):

1. Reading and rereading: In this first step, the researcher reads and rereads the

   transcripts, actively engaging with the data using a reflective journal as

   needed. This is an important step "to ensure that the participant becomes the

   focus of analysis" (Smith et al., 2009, p. 82). I began the data analysis by

immersing myself into the data, listening to the recorded interviews and transcribing them verbatim into a Microsoft Word document. IPA requires the researcher to transcribe the entire narrative at a semantic level, including the researcher's questions and pauses and laughs (Smith & Eatough, 2006). I replayed the recordings several times after transcribing the narratives. I also kept a reflective journal to document my thoughts, feelings, and observations as I immersed myself into the participants' data.

2. Follow-up interviews: After reviewing the transcripts, if there were any gaps in the information or any of the information required clarification, I arranged and conducted additional short interviews with the participants. I developed additional questions and transcribed and integrated the data from the supplemental interviews with the information from the first interview. As I reviewed the transcripts, I carefully screened for gaps in the material to see if anything needed clarification. If so, I arranged and conducted another short interview. Only one participant, P0131, required a follow-up interview. The follow-up interview lasted 15 minutes, which was enough time to clarify her training on technology.

3. Initial noting: As I transcribed the data, I made notes using "descriptive comments, linguistic comments and conceptual comments" (Smith et al., 2009, pp. 88-89). Descriptive comments enable a researcher to focus on describing the content of what each participant said (Smith et al., 2009). In this stage, I created wide margins on the Word document and began detailing

the initial noting. According to Smith et al. (2009), initial noting includes being aware of how the participant presented the information, the special language used, and comments that require further exploration. Following is an example of the initial noting :

> Original transcript: "People aren't always available, you know. They've got their own stuff going on. There's a distance or not usually seeing each other. I tend to use FaceTime except for family due to confidentiality issues."

> Initial noting: Concerned about using confidentiality with technology, people aren't easily accessible.

4. Developing emergent themes**:** During this stage, I identified similar terms and emergent themes throughout the data and developed them chronologically. I used Microsoft Word to group similar comments. I used a highlighter to mark the developing patterns. At first, I had issues with grouping similar and reoccurring words and phrases; however, after repeating the process and rereading the section in Smith et al. (2009), I felt confident in completing this step accurately. Smith et al. noted that as the process of identifying emergent themes requires breaking up the narrative flow of the interview, the analyst may at first feel uncomfortable about fragmenting the participants' experience by reorganizing the data (see Table 2).

5. Searching for connections across emergent themes: After transcribing the data, I used numeration to identify how many times each theme occurred

within the transcripts. The goal in this step was to compile all the emergent themes into a design that presented the most meaningful aspects of the participants' experiences with support and services (see Smith et al., 2009; see Table 2).

6. Moving to the next case: After I finished a case, I proceeded to the next one and repeated the procedure, ensuring that I followed the idiographic nature of IPA (see Smith et al., 2009). I did not rush through this step. After I finished reviewing one case, I moved on to the next narrative. I repeated Steps 1 through 5 with each interview transcript.

7. Looking for patterns across cases: A researcher can use a table to analyze each individual's transcripts, noting superordinate themes and subthemes and "identifying convergences and divergences in the data, the similarities and then differences first in the individual cases then across multiple cases" (Smith et al., 2009, p. 8.). I created a table in Microsoft Word to analyze the transcripts and identify the themes. For example:

Theme: Preferred one-on-one interactions

Quote: "Well, I mean you don't have personal contact; you don't get to go to lunch with colleagues and things like that. And so, it's better than again isolated, a lot better than being totally by yourself. Think I have definitely grown to appreciate the telephone conference and Zoom conferences, with, you know, it's nice to actually when you get

to see people that you talk to, when you know their voice, you actually get to see them. So, I like Zoom."

8. Writing up a full narrative: I wrote up a complete narrative of the findings from the analysis. The general narrative pertained to the participants' experiences, and the general summary applied to the population as a phenomenon.

Qualitative researchers can analyze collected data manually (Merriam & Tisdell, 2016). Alternatively, they can conduct a computer-assisted analysis of qualitative data (e.g., using NVivo or ATLAS.ti software) to speed up the process (Welsh, 2002). Saldaña (2009) posited that manually coding qualitative data enables the researcher to have more control over the collected data. With manual coding, the researcher gains insight into "intuitive aspects of analysis" (Webb, 1999, p. 323).

Smith et al. (2009) encouraged novice researchers to manually code the collected data, as entering the information into a computer could obstruct an accurate flow of analysis. Merriam (1988) discussed the advantages of manually coding qualitative data. Merriam noted that some of the disadvantages of electronic analysis included (a) there is a possible loss of the richness of the data; (b) computer-assisted coding can take longer; (c) electronic coding is a less personal means than manual coding; and (d) with electronic coding of the data, the researcher "may be in danger of sacrificing the very nature of qualitative analysis in the name of efficiency" (Merriam, 1988, p. 162). Welsh (2002) noted the ease with which a researcher can use Microsoft Word to inspect and code data visually. Also, Auerbach and Silverstein (2003) suggested that novice researchers should

manually code data. Adu (2019) provided guidelines to determine when manually coding qualitative data is the best choice: (a) when only one source of data (e.g., interviews) requires coding, (b) when there is a small number of interviews (e.g., less than 30), (c) when the researcher does not have a grasp of electronic coding, and (d) when the coder is skilled at manually coding data. The use of hand-coding enabled me to organize the data into categories and themes.

Conversely, Adu (2019) recommended electronic coding of data when (a) there are multiple sources of data needed for analysis, (b) there are more than 30 interviews, (c) the researcher has limited time, or (d) the researcher is comfortable with electronic coding. I manually coded the data because I had a small sample of interviews to analyze, I was a novice researcher who did not have proficient skills with electronic coding software, and I had only one source of narrative data to analyze. I typed all the journal notes, including my observations and thoughts, and included them as anecdotal information in Chapter 4.

<div align="center">

Issues of Trustworthiness

</div>

Credibility

Two components of trustworthiness, credibility and internal validity indicate the believability of the results. The methods of ensuring credibility include "(a) prolonged engagement, (b) persistent observations, (c) triangulation, (d) transferability, (e) dependability, and (f) confirmability" (Sheperis et al., 2017, p. 225). In this study, I sent each transcript to the appropriate participant for review to ensure I had recorded and transcribed the interview accurately (see Birt et al., 2016). I interviewed each participant

until the data saturated, or there was no new information forthcoming (see Lowe, Norris,

Farris, & Babbage, 2018).

Transferability

Transferability is the generalizability of the results to other settings and contexts

(Gay & Airasian, 2000). Researchers have posited that it is a challenge to achieve

generalizability in a qualitative study (Lincoln & Guba, 1985). Therefore, qualitative

researchers must provide as much information as possible to ensure description-rich

studies. Qualitative researchers should describe every detail of their studies and provide

information about their participants without jeopardizing the participants' anonymity to

achieve transferability.

Dependability

A researcher can achieve dependability—which is the qualitative version of

quantitative reliability—by taking steps beyond ensuring credibility (Sheperis et al.,

2017). I maintained a researcher's journal to add dependability to the study (see Sheperis

et al., 2017). Also, I double-checked the participants' transcripts to ensure the accuracy

and credibility of the results (see Patton, 2015).

<div align="center">

Ethical Procedures

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Before conducting the research, I ensured the compliance of the activities in the

study with Walden University's ethical standards. Upon receiving IRB acceptance, I

recruited five participants. I made the IRB approval information available and

documented it in the completed study. The Walden IRB approval number for this study is

01-06-20-0333793.

In 1979, as a result of the maltreatment of human subjects in the Tuskegee

Syphilis Study, the National Commission for the Protection of Human Subjects of

Biomedical and Behavioral Research provided the *Belmont Report,* which is "considered

the cornerstone document of ethical principles and federal regulations for the protection

of research participants based on respect for persons, beneficence, and justice" (National

Institutes of Health, 2002, p. 10). Respect for persons has two tenets: the participants'

autonomy and respect for the vulnerable population, those individuals who could

experience harm by participating (Bracken-Roche, Bell, Macdonald, & Racine, 2017).

According to Sheperis et al. (2017), the autonomy of persons requires the

researcher to respect the "opinions, thoughts, and choices" (p. 22) of all participants. I

respected the participants' autonomy by providing informed consent before data

collection. I did not obstruct any participant's choice by withholding any aspect of the

study. A researcher must explain to all potential participants that they do not have an

obligation to participate. If selected as a participant, the individual may withdraw from

the study at any time up to publication and without repercussion; in addition,

participation is strictly voluntary. According to the Council for International

Organizations of Medical Sciences, International Ethical Guidelines for Biomedical

Research Involving Human Subjects in Geneva (2002):

> Vulnerability refers to a substantial incapacity to protect one's interests owing to
>
> such impediments as lack of capability to give informed consent, lack of
>
> alternative means of obtaining medical care or other expensive necessities or
>
> being a junior or subordinate member of a hierarchical group. (p. 18)

The sample of professional counselors in this study did not include anyone of diminished capacity, anyone who resided in a prison or nursing home, or minors. There were no economically disadvantaged or severely ill participants. Also, I did not include anyone in this study who was my subordinate, friend, or colleague, or any less-experienced counselor whom I intimidated or coerced. I did not discriminate against any participant who met the criteria because of gender, race, ethnicity, gender, culture, or religion.

If a participant had wished to withdraw from the study during or after data collection, that individual could have done so without consequence. I asked all participants to write a four-digit number of their choosing on all forms. If someone had wished to withdraw, that individual would have provided me with that number and I would have removed that person's contributions, including the completed interview data. I listed my contact information on all the recruitment flyers and the informed consent form. Also, I gave all participants my business card with my contact information if they wanted to contact me to withdraw or for any other reason.

Beneficence is "the quality or state of doing or producing good" ("Beneficence," 2019, para. 1). In this study, I ensured that the benefits of participation exceeded any risks (see Sheperis et al., 2017). There was no greater risk of involvement in this study than on any normal day. Also, I strove to interfere as little as possible in the participants' regular routines or lives. I conducted all the interviews at times and places convenient for the participants. I did not provide any incentives for participation. The benefit of this

study was the knowledge of how to contend with the challenges of counseling in rural environments.

According to Sheperis et al. (2017), justice requires a researcher to take all the measures needed to fulfill any promises made to a potential participant. As soon as I transcribed an interview, I e-mailed the transcript to the participant and asked if there were any questions, concerns, or necessary corrections. Also, I did not reject a potential participant based on age, gender, ethnicity, religion, or race. There was an equitable selection of participants (see National Institutes of Health, 2002).

Once I had selected a participant, I sent a letter of introduction (see Appendix A) and the informed consent form. When the individual contacted me, I briefly explained the purpose of the meeting, dissertation topic, and the inclusion criteria. I screened interested individuals to determine that each was a licensed counselor who had completed a graduate-level counseling program, had independent licensure in the state of practice, and provided outpatient counseling services in a rural community. If possible, I conducted interviews in the participants' offices to observe the counseling setting. I recorded the interviews with two electronic devices to protect against malfunction. As advised by Smith et al. (2009), I transcribed the information and ensured the confidentiality of the data.

As soon as I transcribed the interview, I erased the recording. I kept all other information, including the demographic surveys (see Appendix B), signed informed consent forms, transcripts, interview guide, thumb drives, and my journals in a locked safe in my home until the publication of the dissertation. No one had access to this safe

except me. After publication, I will transfer all the thumb drives, permanent paper products, journals, and forms to a safety deposit box at my bank where this information will remain for 5 years. At the end of this period, I will destroy all the information by using a confidential data destruction method.

Summary

In this chapter, I presented the research design of hermeneutic phenomenology and its origins. I also discussed the study's methodology and research design. Next, I explained how I recruited the participants and the sampling method and justified the small sample size. Then, I discussed the data collection and data analysis steps and ethical considerations. Finally, I addressed issues of trustworthiness. Chapter 4 presents the study's results.

Chapter 4: Results

Introduction

The purpose of this hermeneutic phenomenological study was to explore professional counselors' experience with technology to address professional isolation. An approach to conducting research is IPA, which I used to help rural counselors learn "about people's understanding and experiences and explore how participants make sense of their personal and social worlds" (Smith et al., 2009, p. 47). The participants in this qualitative research study worked in either rural Maryland or Virginia.

In this chapter, I present the research findings and discuss how they connected with hermeneutic phenomenology and IPA. Also presented are the methodology and research design I used to collect the data and the method used to analyze the collected data. Presented in this chapter are narratives as reported by the five licensed professional counselors from their interviews. I used and incorporated the IPA approach following the recommendations of Smith et al. (2009) to keep IPA at the forefront, the study's central research question was: How do professional counselors who work in rural communities describe their experiences with using technology to address professional isolation?

Chapter 4 presents the settings of the semistructured interviews and the demographics of the five participants. Next is a discussion of the data collection and analysis related to the research question. Following the data analysis are the study findings, specifically the themes derived from participant interviews. Next is a discussion of credibility, transferability, trustworthiness, and dependability during data collection and analysis beyond that presented earlier in the study. I also bring full circle the

concepts of Dasein, the hermeneutic circle, double hermeneutic, and the hermeneutical

phenomenological framework and IPA that I used to describe the experiences of

counselors who used technology to support connectivity and wellness in rural

environments. The chapter concludes with a summary of the information discussed.

Setting

The interview settings were counseling offices and the telephone. Three of the

five participants allowed me to use their private offices to conduct face-to-face,

semistructured interviews. The other two requested conducting the interviews over the

phone due to the geographical constraints; neither of them agreed to Skype or any other

voiceover Internet protocol service.

I e-mailed the informed consent form to each participant several days before the

interview. This provided them adequate time to familiarize themselves with the study's

purpose and procedures. They were also able to identify and address any questions or

concerns.

I encouraged the participants I interviewed via telephone to select private offices

or rooms to provide themselves with as much privacy as possible, placing a "Do Not

Disturb" sign on the door to avoid interruptions. I also reminded the participants to turn

off their cell phones to avoid disruptions. Whether in person or by telephone, all

participants conducted the interviews in their professional offices. To my knowledge,

there were no personal or job-related conditions affecting the counselors' participation or

resulting in disqualification in the study. One participant described a traumatic event that

occurred while she worked in the rural community; however, she assured me that the experience would not affect her responses, as it happened 2 years ago.

Demographics

The five participating counselors all met the inclusion criteria of working in private or community practices in rural Maryland or Virginia. Other criteria were to have graduated from a master's or doctoral program in a regionally accredited counseling or related field, have independent licensure from the state licensing board, have experience using technology within their practices, and have a minimum of 2 years of counseling experience working in rural communities. For this study, I defined a professional counselor as a mental health professional who had graduated from an accredited university with a Master's or doctoral degree in counseling or a related field.

The participants, all of whom identified as White, freely provided their demographic information. Although I had hoped for an ethnically diverse sample, I was unable to recruit counselors of other races. The participants' counseling experiences ranged from 6 years to 24 years, and the participants' ages ranged from 34 to 59 years. Four of the counselors were women and one was a man. The highest completed degree across all participants was a master's degree; however, two participants were enrolled in doctoral programs. My goal was to have equal representation from both Virginia and Maryland. However, I could not arrange this, either; two participants practiced in Virginia, and three participants practiced in Maryland. Table 1 shows the participant demographic information not already provided.

Table 1

Participant Demographic Information

Participant	Gender	Age (years)	Counseling experience (years)	IT experience (years)	State where practicing	Experience in a rural environment (years)	Type of practice
P0610	F	38	8	8	Maryland	8	Private
P0116	F	49	24	4+	Maryland	4	Privatecommunity
P0131	F	59	10	10	Maryland	10	Private
P1186	F	37	7	7	Virginia	7	Private
P0104	M	34	6	6	Virginia	6	Private

Data Collection

I used a qualitative hermeneutic phenomenology with an IPA approach. The data collection method was conducting in-depth phenomenological interviews with five participants. The purpose of the interviews was to "capture how those being interviewed view their world, to learn their terminology and judgments, and to capture the complexities of their individual perceptions and experiences" (Patton, 2002, p. 348).

After I received Walden University IRB approval, I recruited participants using nonrandom, purposeful sampling. The first step was visiting the Rural Maryland Council's (2019) website and the equivalent website in Virginia to identify the rural counties in the two states. IRB approved flyer and recruitment email was sent to Licensed Professional Counselors using a professional counseling listserv. Next, I sent an e-mail to the executive director of a rural professional counseling organization in Maryland (see Appendix C) to explain the study's purposes and benefits and to request permission to post a flyer (see Appendix A) on the association's Facebook page. I then contacted the

Licensed Clinical Professional Counselors of Maryland for approval to send recruitment e-mails and the recruitment flyer to potential participants on their listserv. I used social media to post on several professional counseling facebook groups in Maryland inviting members to participate. I was prepared to use snowball sampling to recruit a sufficient number of participants, as indicated by Smith et al. (2009); however, this proved unnecessary, as I procured five participants in the first round of recruitment.

Next, I e-mailed the informed consent form to the individuals who expressed interest in participating. I asked them to read the informed form carefully and to ensure that they met the inclusion criteria. Two days later, I e-mailed the potential participants again and confirmed that they met the criteria and wanted to participate; if so, they were to reply to the e-mail with the words, "I consent."

I received eight e-mails of interest from posting on the Licensed Clinical Professional Counselors of Maryland listserv; however, three did not meet the inclusion criteria, as they resided in states other than Maryland and Virginia. I could only schedule two of the interviews, as the other three individuals did not respond to my e-mails. I received four e-mails of interest from individuals from the professional counseling Facebook page but successfully scheduled only three participants, with the fourth having limited availability in her schedule.

I contacted the counselors who had returned my e-mails, consented, and met the study's inclusion criteria. I discussed the particulars of the study and scheduled a mutually convenient interview date and time. I explained the importance of selecting confidential yet convenient locations.

After going through the criteria and the logistics of scheduling the interviews, I ended up with five counselors who met the study's criteria and expressed interest in participating. I felt comfortable with a small sample of five participants because, as Smith et al. (2009) explained, an IPA study requires quality over quantity. After careful consideration of the demographics of rural counselors in Maryland and Virginia, I felt the five participants represented what Smith et al. called a "fairly homogeneous sample, for whom the research question [would] be meaningful" (p. 49). In addition, Smith et al. posited that "IPA is an idiographic approach, concerned with understanding particular phenomena in a particular context, IPA studies are conducted on small sample sizes" (p. 48).

On the day of each interview, before I turned on the audio recorders, I reviewed the informed consent form with the participant and provided a thorough response to any questions. At the beginning of each interview, I spent time engaging in conversation to develop rapport and make the participant feel more comfortable. Sheperis et al. (2017) encouraged qualitative researchers to use an interview schedule to stay on task and keep a list of intended questions in front of them. I kept an interview schedule (see Appendix D) close by during the interviews and used it when either the participant or I drifted off-topic.

At the beginning of the interviews, I asked the participants if they felt comfortable answering a few demographic questions. I reminded the participants that they could stop or withdraw at any time up until the study's publication without any repercussions or penalties. I would not have followed up if a participant had decided to

withdraw or quit. I also reassured the participants that they could tell me if they felt

uncomfortable answering any question, and we would skip over that question. I also

reviewed with the participants the potential benefits of participating, including helping to

address a gap in the literature about rural counselors' experience using technology. This

study contributed to the existing knowledge of the wellness practices involving

technology that rural counselors use to address burnout and professional isolation. I also

discussed the potential risk of participating, which was no greater a risk than that

experienced on a regular workday. Finally, I explained that I would use two audio

recorders—an Olympus WS Digital Voice Recorder and a voice recorder iPad

application—so that we would not need to reschedule if one failed. This was a necessary

practice, as one audio recorder failed twice during data collection.

Because of my own experience working as a professional counselor, I was aware

of the importance of conducting interviews in a location that was comfortable for the

participants. I conducted three of the interviews face-to-face in private offices at the

participants' workplaces, with the remaining two taking place via telephone due to the

participants' geographic locations. The duration of the interviews ranged from 45 to 70

minutes. Adhering to the IPA approach during the interviews, I tried and believed I

succeeded in leaving my researcher side behind and metaphorically speaking, entering

into the participant's world, engaging with participants on their terms and within the

hermeneutic circle, which required me to leave my world and come around the

hermeneutic circle to the participant's world (Smith et al., 2009; see Figure 3).
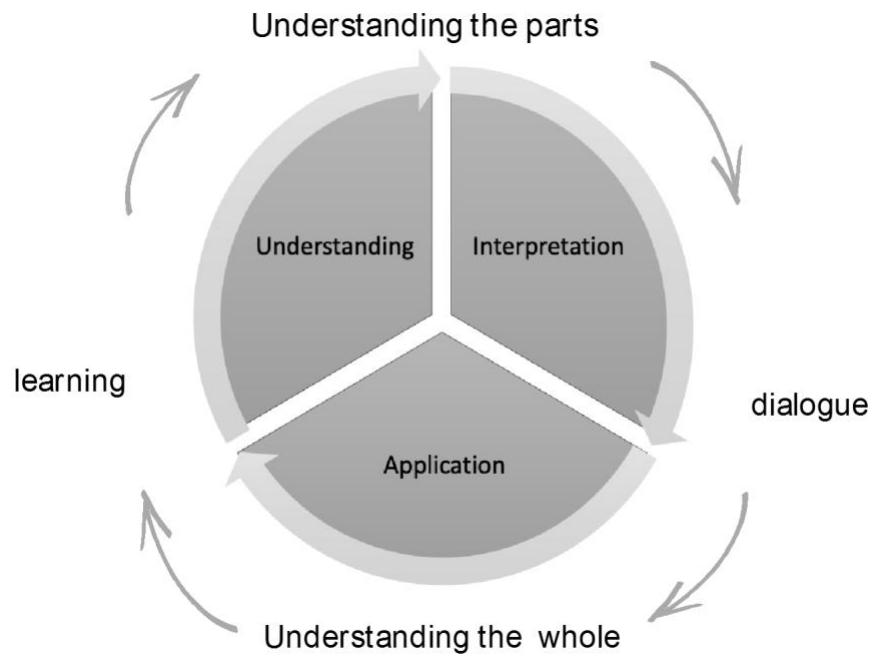
Figure 3. The hermeneutic circle – 2.

Lancaster (2016) explained that interviewing participants in their business settings usually provides a level of comfort supportive of working relationships. I followed this advice as much as the participants' schedules enabled me. After each face-to-face or telephone interview, I followed the hermeneutic circle and left my world for the participant's world. Each time, I let go of irrelevant thoughts and moved into the back-and-forth flow of the hermeneutic circle. I was able to symbolically move back and forth from the whole to the parts and back again into my space as I left the hermeneutic circle to the familiarity of my world.

The interviews were successful in that they were engaging, and I was able to move into the world of the participants. The interviews were productive and generated rich data. No issues or problems were noted except with two interviews, when one of the

two audio recorders shut off at the beginning of one interview and during the last five minutes of the second interview. Thankfully, I brought two audio recorders and kepts both recording, so no information was lost.

After each interview, following the advice of Brinkman and Kvale (2014a), I stayed with the participant until I felt confident the participant had no concerns or further questions and felt comfortable with the process. I made certain that each participant had my contact information in the event they had any questions or concern. I stayed with until I felt the participant was ready to conclude the session.

I did not hire a transcriptionist or use a transcription service, instead transcribing the interviews myself into Microsoft Word documents. I conducted member checking by sending the participants copies of their transcribed interviews. Johnson and Christensen (2004) explained that phenomenological researchers could ask participants to review their interview transcripts to ensure the accuracy of the narratives. Sheperis et al. (2017) called this part of the data collection member checking and defined it as "Ongoing consultation with participants of the investigation as a means to offer a direct test of the goodness of fit for findings" (p. 226). This gave the counselors a chance to confirm their responses and add any explanation or further information, as needed. Out of the five participants, two indicated the accuracy of the information.

Data Analysis

In this hermeneutic phenomenology study, I employed the IPA approach and interviewed a small sample of counselors who practiced in rural Maryland or Virginia. The five participants provided meaningful insight into their lives as rural counselors and

their experiences with technology to address the challenges of professional isolation. Smith et al. (2009) explained that qualitative researchers use IPA when they seek to provide detailed interpretations of the participants' experiences and to help the participants make sense of their feelings. Smith et al. posited that researchers who use IPA embody the hermeneutic circle and its use in the research process.

After I received the approved transcripts from participants, I followed the steps of the IPA approach outlined by Smith et al. (2009). This entailed reading and rereading, follow-up interviews, initial noting, developed emergent themes, searching for connections across emergent themes, moving to the next case, and looking for patterns across cases. Throughout the study, I maintained a reflective journal, in which I noted body language, vocal inflections, and what was not said but indicated with reflective and descriptive notes.

According to Smith et al. (2009), in the final step, the researcher should report the process used to move inductively from coded units to larger representations, including categories and themes. Further, the researcher should describe the specific codes, categories, and themes that emerged from the data using quotations as needed to emphasize their importance. Finally, the researcher should describe the qualities of any discrepant cases and how the researcher factored them into the analysis. Therefore, I composed a full narrative as the final step.

Results

Participant 0104, a 34-year-old man, was a licensed professional counselor who had worked in a rural community for nearly 6 years. Although he grew up in rural

Virginia, he had also lived in an urban community. He actively advocated for rural

counselors and had worked in both a community agency and a private practice in rural

Virginia. Participant 0104 identified the challenges of working in a rural community,

including dual relationships, high caseloads, and the opioid epidemic. He described that

he used technology for his professional goals and his doctoral studies. The rural

community had provided him with opportunities that he did not think he would have had

in an urban community, such as a job with an internship. He appeared connected to the

rural community and understood the needs of the people. Participant 0104 said he had

positive experiences using technology to address professional isolation due to his role as

a student and the school's emphasis on connectivity with other professionals. Although

he used technology in his profession, he did so more for his educational goals. Being a

student enabled him to access different technology that he did not otherwise think he

could access due to its cost. Despite reflecting on the evolution of technology over the

years, Participant 0104 recognized that, as a counselor, he needed to understand the rural

community's needs to remain flexible and creative.

Participant 0131, a 37-year-old woman, was a licensed professional counselor

practicing in rural Virginia for 7 years. She, too, found that technology enabled her to

stay connected with others and connect her clients with additional resources. Her

experiences as a rural counselor differed from the other participants, as her specialty,

equine therapy, required the use of land. Because of the nature of her work on farms, she

had limited use of technology in her everyday work. Participant 0131 also noted she did

not need technology in her day-to-day work with her clients but said that she found

technology beneficial for connecting with others in the community. She discussed her early experiences working in a community agency. In this environment with high turnover, she received inadequate and unhelpful supervision due to everybody's busy schedules. She had learned to be self-reliant and self-taught, so her use of technology centered more on her clients' needs and networking with others. She might have had different experiences using technology if she had received more support earlier in her career. Participant 0131 reporting feeling disconnected from others before a colleague informed her of accessing networking groups with technology.

Participant 1186, a 59-year-old woman, was a licensed professional counselor who had worked as a counselor for 10 years in Maryland. She described her experiences with technology in a rural community, both in private practice and a college environment. She moved to a rural community for work due to a military assignment. She identified how technology had been a helpful tool in addressing professional isolation, an issue amplified by stressors of going through a divorce and her children moving away. Participant 1186 did not feel accepted by the members of the community, although she had lived there for almost 20 years; therefore, she based her need for technology on wanting to connect to others and maintain social connections missing in her private-practice work and the close-knit rural community. She also discussed a lack of training about the different types of technology that counselors could use to maintain their wellness. Despite numerous training courses on telehealth and using technology to deliver services, there was a need for more research and information about counselors' experiences using technology to stay connected with other colleagues.

Participant 0116 was a 49-year-old licensed professional clinical counselor who had been practicing for over 24 years. She used technology more than the other participants did to maintain social connections. Raised by a mother who worked in the social work field, Participant 0116 learned the importance of social connectivity for wellness. She actively advocated for her clients, volunteered, and got involved in activities in the community. Participant 0116 described the culture of the rural community and how she utilized technology due to a lack of resources. She discussed how using technology did not compare to face-to-face interactions but enabled her to stay connected. Further, Participant 0116 expressed concern about the social aspect of connecting with others, as she used technology to organize social functions with her colleagues. Despite knowing that other counselors might not have the same need for social connections as she did, Participant 0116 worked to implement resources in the community to address professional isolation in a rural area.

Participant 0610 was a 38-year-old licensed clinical professional counselor practicing for 8 years in the rural Maryland community in which she had grown up. She reported that technology was a useful tool for staying connected as well as delivering client services. She discussed the unreliability of technology in her community, with Internet outages that lasted for weeks due to the weather and the geographic location. However, because Participant 0610 had grown up in the area, she was accustomed to unreliable technology. This unreliability could have had an effect on her experiences with technology. She also expressed her concerns over the credibility of the sources providing the training that she received via technology.

Overview of Themes

I used the central research question, *How do professional counselors who work in rural communities experience the use of technology to address professional isolation?*, to explore the participants' experience with the central phenomenon. Five themes emerged from the semistructured interviews: (a) social connection's influence on their use of technology, (b) lack of training on how to use technology in rural communities, (c) preference for one-on-one interactions, (d) the unreliability of technology, and (e) concern about confidentiality and trusting technology. Table 2 presents the emergent themes as noted by each participant.

Table 2

Emergent Themes

Themes	P0610	P0116	P0131	P1186	P0104	Percent
Social connection	x	x	x	x	x	100%
Received no training	x	x	x	x	x	100%
One-on-one interaction to online	x	x	x	x	x	100%
Technology was not always reliable	x	x	x	x	x	100%
Concerned about confidentiality when using technology	x	x	x	x	x	100%

Theme 1: Social Connection's Influence on Their Use of Technology

During the interviews, the five counselors discussed the influence of their need for social connection on their motivation to use technology and their overall experiences with technology. All five described feeling lonely and isolated in rural communities. The participants discussed the need to connect with other colleagues due to their personalities,

with several describing themselves as social and the benefits of connecting with others. The counselors believed that technology enabled them to connect with others when they could not do so within their rural communities. The counselors also expressed the importance of connecting with others to maintain work-life balance and self-care.

For example, Participant 0116 recognized the influence of social connections on her experiences using technology to reach out to others. She explained that although several counselors worked in the same building, she could not connect with them in person due to their busy schedules. Her need for social connection led her to leave private practice and work under a school contract where she had more social connections and opportunities to use technology. Participant 0116 stated,

There was a therapist across the hall, [a] therapist next door to me, and a counseling practice underneath me. But it's head down, do your work. It's almost like you open the door, the next client comes in, you shut your door, and then it's nonstop. I feel like there's a ton of us out here in the community. I always feel that there's a ton of us here, [and] I always feel like I want to meet everyone and shake their hand[s]. I get excited when I see a new name pop up! They don't seem as interested to meet me. I feel like they are too busy.

Participant 0116 elaborated on the importance of personal connections to combat professional isolation and form relationships. She said,

I just feel like personal connection is everything, so I'll try to send a text to create some social event, where I invite other counselors in the community to come out

and socialize. "Drinks for shrinks" is one [event] that was created to have fun. I

don't want to just work all the time, [so] let's get together.

P1186 realized that she needed social connection:

When trying to build my private practice, I could really focus on going to the

office [to do] the work. I needed [to] see clients, [but I] realized at the end of the

day that I had no interactions that weren't business-based, and client work is

definitely one way to deal with loneliness. I'm there creating the space supporting

them; they're not friend[s] coming to see me. I could go a whole day without

anything besides a business interaction, and that's increased by the fact that I live

alone. My kids are grown and gone, [and] I realized that's not my preference

because I'm an outgoing person. I like to socialize. I need to create those things

for myself.

Theme 2: Lack of Training on How to Use Technology in a Rural Community

All participants discussed the lack of training about using technology in a rural

community. Participant 0131 said,

I didn't receive any training in graduate school on using technology. I did receive

some training on multicultural issues. I remember something about bartering, like

what do we do in this type of situation. I don't do any bartering or anything like

that, but there are definitely times, especially with the horse stuff, where they

[get] to know me, who I [am], because we go to the same places for horse things.

And then, they're like, "Well, my kid really needs therapy," so I have to be

careful navigating that and what would be best for the kid at that point.

Several participants stated that in addition to lacking training about technology, they did not receive any education about the unique challenges of working in rural communities. Participant 1186 explained that the training she received in graduate school did not address working in a rural community. She expressed that she wished she had received more training about the different issues in urban and rural communities. Participant 1186 stated,

In multicultural counseling, which I know we all are asked to be competent at these days, there was a lot of focus on working with people with different ethnicities. . . . It would have been nice to look at how your practice looks in different geographic locations because I'm sure if I were [in the] inner city, like Boston [or] New York, it would be [a] very different feeling and maybe [there would be] some different burnout factors. . . .

I think we focus on whether we can counsel over the phone or work with clients using video conferencing, and we are all caught up in that. We need to also talk about how technology could be beneficial for our own support.

The participants also struggled to define technology. The counselors related using technology to connect with other counselors and maintain self-care but were hard-pressed to describe the modes of technology used. Although Gilbertson (2020) described the different types of technology used when delivering telehealth, there was little research on the definition of technology for personal use. Telehealth includes the use of e-mail, social media, mobile phones, teleconferencing, live video conferencing, text messages, instant messaging, and webcasts (Gilbertson, 2020). The participants enrolled in online doctoral

programs appeared more familiar with different types of technology. Participant 0104 stated,

> This comes to how you define technology. I certainly am using word processors to write my notes. I use Google Drive [to store] certain files; I use my personal cell phone; I use a Google voice app that allows me to mask my number for client communication to protect my personal number. I use my e-mail because I'm only in the office 2 days a week since I'm doing student activities other times, and I use a lot of e-mail to communicate with my office manager and the other people at my practice.

Theme 3: Preference for One-on-One Interactions

Another theme that emerged was the preference for one-on-one interaction. Despite identifying technology as a useful tool for addressing professional isolation, the participants preferred one-to-one interactions. Although the counselors used technology for its cost-effective benefits and decreased time spent away from the office, they emphasized the importance of professional relationships. The counselors recommended seeking out professional groups, even if using technology provided more convenience. Participant 0131 stated,

> Technology assists with connectivity and does not require a lot of time away from your normal work schedule. Facebook groups, the online stuff—[that] is not hard to find the time [for]. But the in-person interaction is better, [and] finding local groups is more beneficial; however, they can be missing in rural communities, [and] you can feel very disconnected from others without local support.

Participant 0104 agreed that digital communication affected the quality of interactions with others, as individuals might not always understand the messages sent. He explained that technology could be a barrier to asking questions or full involvement in training:

There is a difference between communicating through a digital filter and being directly face-to-face with colleagues or trainers. Some trainers like to do group work in a training, [but] something like that is more limited. You ask questions [that] may not get answered, or the trainer may not understand what you are saying. Having done a lot of Zoom meetings recently, I find that it's really hard to keep people from accidentally talking over each other because sometimes there's a little bit of a delay. Things like that. So, there's a lot of little things that are lost through digital communication that you don't lose when you're in person.

Theme 4: The Unreliability of Technology

All five participants agreed that technology was not always a reliable tool. Due to their geographical location, the weather or insufficient bandwidth affected their Internet access. Factors potentially impacting the use of technology included a lack of broadband, workplace limitations, and the participant's comfort level using the technology (Mackie, 2015). Participant 0610 discussed the lack of accessibility. She explained that she had grown up in the rural community where she worked, so she had learned to rely on other means of maintaining social connection. She stated,

It is pretty hard here. Our Internet is not super reliable here. There's a lot of grant funding and projects that are happening in Western Maryland to make sure that

people have access to the Internet. You have to be creative. Every other month,

we have a mental health conference where mental health professionals in the area

get together and have lunch and talk about a certain topic. Working as a solo

practitioner definitely feels very isolating. I'm happy that we work so closely with

the local psychiatric rehabilitation programs because [with] just that camaraderie

of helping a client, you know you're not alone in it, [and it] is very important to

have.

Participant 0104 discussed some of the challenges that occurred when using

technology:

Technology is sometimes unreliable. We were using the teleconferencing

software—actually, the supervisor was using it to communicate with a group of

us—then the sound started blipping out, and it crashed completely. There were

other times [when] we had limited access to technology, and a doctor decided that

he or she needed to use it right then, even though we had a scheduled time that we

were going to use it.

Theme 5: Concerns About Confidentiality and Trusting Technology

The final theme emerging from participant interviews was concerns about

confidentiality and trust when using technology. The five counselors expressed concerns

about privacy, not knowing who was listening to the conversations, or whether someone

could later use the information against them. Participant 0116 stated,

One thing I think about—and this is a personal thing with me—in our hard

moments, we are not always kind with our words, or we don't choose them

wisely. And when you have a text record of things . . . Do you know what I mean?

Like, I could think of many times I've texted a close friend and colleague and

[have said something] like, "I hate my client." You know that's not [a] nice thing

to say, but it was [in] that moment [that I] just had to vent for just a minute, and

then [my friend would] text back with, "I know they are hard at times, aren't

they?" And, of course, I don't hate my client, but it was just at that moment.

Luckily there's grace, and my friends and colleagues know my heart and [that] I

don't feel that way at all, so I don't worry about something like that. But I do

[worry] a little, like, I don't know, I have no idea if ever a client saw that and

would be like— You know what I mean?

Another participant discussed her concern about the credibility of the training she

received online. Participant 0610 said,

I have been able to find out about more training, but there is a lot of stuff that I do

not feel comfortable with doing online now, so probably only in scheduling those

things. Years and years ago, I needed to take the ethics course that was specific to

substance abuse. And I tried to find that online. Everything I found was . . . You

know, you pay $35 and you get a certificate, but it just seem[s] like [it isn't] from

a legitimate organization. So, I just really have not found anything outside of the

scheduling part that [has been] trustworthy and credible.

General Narrative

The purpose of this hermeneutic phenomenological study was to explore

professional counselors' experiences of using technology to address professional

isolation in rural communities. During the data collection phase of this study, I tried to keep at the forefront the study's research question: How do professional counselors who work in rural communities describe their experiences with using technology to address professional isolation? After studying possible qualitative research designs, I found IPA with hermeneutic phenomenology the most appropriate approach to answer the research question.

Heidegger developed hermeneutic phenomenology, believing that individuals view the world through different lenses and that their interpretations of the phenomenon provide unique meaning (Heidegger, 1927/1962; Holroyd, 2007). Heidegger used the term Dasein to describe a person's sense of being in the world in relation to the phenomenon. Heidegger (1927/1962) posited that understanding the individual's perspective and interpretations enabled one to grasp and explore the phenomenon, which I did in this study. To interpret a phenomenon, researchers must consider their understanding of the phenomenon. This entails reflecting on personal experiences, assumptions, and predictions and the hermeneutic circle to review and identify patterns and develop new ways to look at the phenomenon (Gadamer, 1960/1989). With this design, I not only needed to consider the participants' views as important, but to know about the phenomenon under study (Brinkmann & Kvale, 2014a). As a professional counselor who had worked both in an urban and rural community, with the last 6 years in a rural community, I fully understood the phenomenon under study.

After receiving Walden University and IRB approval, I followed the steps outlined in Chapter 3 to find participants who met the inclusion criteria. Each participant

had to (a) work in a private or community practice in rural Maryland or Virginia, (b) have earned a Master's or doctoral degree from a regionally accredited program in counseling or related field, (c) hold independent licensure from the state licensing board, (d) have experience using technology at the practice, and (e) have a minimum of 2 years of counseling experience working in a rural community. I began the recruitment process on the Rural Maryland Council's (2019) website and the equivalent website in Virginia to identify the rural counties in the two states (see Appendix F). I had previously determined to use nonrandom purposeful sampling and, if necessary, snowball sampling. Ultimately, I recruited five participants without using snowball sampling. After following all the recruitment steps presented in Chapter 3, I had procured five participants who met the inclusion requirements. Although my goal was to have three participants from each state, I found only two counselors from Virginia. I also tried to recruit a diverse sample; however, all five participants reported their ethnicity as White. The participants' counseling experience varied from 6 to 24 years, and their ages ranged from 34 to 59 years; four were women and one was a man.

Despite hoping to conduct all the interviews in person, two of the five opted for telephone interviews due to being unable to meet with me in person. During the interviews, all five counselors reported using technology to address professional isolation in rural communities. In addition, the participants had well-aligned views of technology for connectedness and general well-being.

The participants had all found professional isolation working in rural communities. They also identified that working in a rural community presented unique

challenges from urban settings, including a lack of resources, the fishbowl effect, and feelings of loneliness. Maintaining connectivity with their colleagues and supervisors required them to remain flexible and devise alternative means. One participant, a doctoral student, appeared more technologically advanced than the other four and provided more examples of the modes of technology used to maintain connectivity.

The counselors reported that their need for social connection influenced their desire to invest in and learn how to use technology. Some counselors described themselves as extroverts who needed connections with others, something they often lacked in their rural communities. They said they knew the importance of maintaining connections with others for a healthy work-life balance and to foster self-care. All the counselors expressed feeling lonely and isolated while working in rural communities. They said they were aware of the importance of maintaining cconnections with others for a healthy work-life balance and to foster self-care. The counselors desired a more reliable internet service and more training on technology on how to connect more with their clients as well as help them connect more with colleagues and supervisors.

To help with isolation, each participant used technology, which provided them the opportunity to connect with others not otherwise possible due to limited resources. However, a unanimous concern was confidentiality when using technology and the Internet. When probed, they expressed that they did not know the information stored and if there were records of their communications. They also found the credibility of training and supervision was a concern because they could not verify some of the sources that provided training. Ultimately, participants desired reliable Internet and more training to

see what technology could provide them for connecting with clients, colleagues, and supervisors.

The participants also described the unreliability of technology, with one counselor reporting that Internet outages could last for weeks. The counselors also discussed how they used technology in their personal and professional work as much as possible with their training; however, they wanted to implement and trust technology more to deliver client services. Despite valuing one-on-one client interactions, the counselors recognized how technology enabled them to maintain social connections when they lacked other resources. Although they all said they would continue to use technology in their professional lives, they felt they had not received sufficient training in the use of technology.

General Summary

Counselors who work in rural communities experience different challenges than their urban colleagues. The challenges faced by rural counselors include personal, professional, and ethical concerns problematic to their emotional wellness and the delivery of client care. Rural counselors reported feelings of loneliness and professional isolation, factors that could cause higher risks of burnout. Although rural counselors require additional supervision, specialized training, and connectivity to their peers, they cannot always receive these in rural communities due to a lack of resources and the geographical distance from their peers.

Technology is a means of delivering client services that rural counselors can use to connect with others and receive supervision and specialized training. The rural counselors

who used technology to address professional isolation found increased connectivity with others outside of their communities that could otherwise not occur. Counselors in rural communities must remain creative and flexible to balance the challenges present in rural communities. The five participants in this study recognized that their personal experiences of living in rural communities had provided insight into the rural culture and connectivity problems, such as dual relationships and the fishbowl effect. Through their lived experiences, the rural counselors examined their lives to identify when they needed to maintain social connection and connectivity, and how. Problems with reliable technology could have affected rural counselors' experiences with technology and cause concern about the confidentiality and credibility of training and supervision. Workplace settings, as well as familiarity with different types of technology, likely impacted rural counselors' experiences. Although they used their involvement with technology to fulfill the need for connectivity to others, they preferred one-on-one peer interactions, which they often lacked in rural communities. Training on the use of and the different types of technology can have benefits, as there could be a lack of traditional wellness strategies in rural communities.

Evidence of Trustworthiness

Credibility

Ensuring the credibility of the research process and findings entailed triangulating the data from different sources, including interviews, demographic information, and a reflective journal. Smith et al. (2009) indicated that triangulation requires collecting data from multiple sources. I also conducted member checking by e-mailing the participants a

copy of their interview transcript, allowing them to review their statements and clarify or edit the transcript; however, there were no change requests. I also kept a journal and used reflective notetaking to develop the themes. I interviewed each participant until achieving data saturation, which Lowe et al. (2018) identified as occurring when there is no new information.

Transferability

Transferability in qualitative research is a component synonymous with external validity or generalizability in quantitative studies. Guba and Lincoln (1985) said that transferability "is, in summary, not the naturalist's task to provide an index of transferability; [rather], it is his or her responsibility to provide the database that makes transferability judgments possible on the part of potential appliers" (p. 316). I established transparency by following an interview schedule to stay on course and avoid skipping any steps. A list of open-ended questions served as a loose guide to remain focused. As recommended by Smith et al. (2009), I allowed myself the flexibility to add or change the questions during the interviews as needed to answer the study's central research question. Following the recommendations of Patton (2015), I noted in my reflective journal all the steps taken throughout the research process. I ensured transferability by achieving data saturation, which occurred during the fifth interview.

Dependability

Regarding design validity, I remained faithful to answering the research question. Achieving descriptive validity entailed reporting the findings as objectively as possible. I

ensured dependability by following my research plan, accurately recording the process to ensure consistency and maintain an audit trail (see Kortsjens & Moser, 2018)

Confirmability

Confirmability in qualitative research is the degree to which researcher bias does not influence the findings. Achieving dependability and confirmability in this study occurred by honestly reporting the findings with as little bias as possible. I documented all steps of the processes and methods. In addition, I regularly used my reflective journal to reduce bias among the participants.

Evidence of Trustworthiness

The qualitative researcher must take all the steps necessary to ensure the validity, or trustworthiness, of the study (Patton, 2015). Sheperis et al. (2017) delineated certain factors that qualitative researchers should apply in their studies, including data triangulation and reflective journaling, both of which I incorporated into this study. Sheperis et al. explained that triangulation is a means of increasing a study's internal validity. Finally, qualitative researchers engage in reflective journaling to keep track of the steps taken to produce the results and remain aware of the process.

Summary

In this study, IPA was the means to explore the participants' subjective experiences. Throughout the interviews, I allowed the participants to tell their stories about being counselors, experiencing professional isolation, and their experience using technology to address professional isolation. I applied Heidegger's (1927/1962) hermeneutic circle to parts of each individual's story to the whole phenomenon. The

hermeneutic circle facilitated a back-and-forth process in which I looked to the parts to understand the whole, and to the whole to understand the parts (see Smith et al., 2009). Heidegger wrote, "The 'circle' in understanding belongs to the structure of meaning, and the latter phenomenon is rooted in the existential constitution of Dasein—that is the understanding of which interprets" (p. 195). This approach, when used correctly, enables a researcher to gain a deep understanding of dynamic relationships. This is also an iterative approach, about which Smith et al. (2009) wrote, "We may move back and forth through a range of different ways of thinking about the data, rather than completing each step, one after the other" (p. 28).

Within this short extract there is a constant shift between an overall description of the shared experiences and an attempt to relate the findings to the group as a whole, illustrating the part-whole relationship of the hermeneutic circle. Following the recommendations of Smith et al. (2009), I started to understand the meanings that individuals apply to their experiences. IPA is ideographic, a means to explore the individuals' unique experiences and how they make meaning of their experiences. As a counselor working in a rural community, I wanted to explore the participants' experiences with technology. The existing research indicated the presence of professional isolation and burnout in rural communities. I sought to understand the experiences and hear the voices of counselors actively working in rural communities. As a student conducting the research, I had some knowledge about the phenomenon. When I immersed myself in the data to analyze the individuals' stories, my understanding of the phenomenon evolved and changed. Through this research and the ideographic nature of

IPA, I started to understand how an individual's experience, lack of knowledge about technology, and motivation affected the individual's experience with technology.

In Chapter 4, I discussed the recruitment process and selection of five rural counselors who used technology in their practices. I provided situated narratives, backgrounds, and demographics of the participants. I explained in detail how I collected the data using the guidelines of Smith et al. (2009). I transcribed the recorded interviews and analyzed the data in accordance with phenomenological and IPA guidelines. I documented the steps taken to collect and analyze data, uncover the themes from the narratives, and use the themes to answer the study's research question.

In Chapter 5, I explain the results as they apply to the research question: How do professional counselors who work in rural communities experience using technology to address professional isolation? I also compare the findings from this study to those of other researchers. Chapter 5 presents the limitations noted during data collection and analysis. Accompanying a discussion of the five themes is the process used to uncover these themes. I also address the effect on the environment if rural counselors use more technology in their practices.

Included in the final chapter are the findings' implications for professional practice. There is a discussion of how increased use of technology by rural counselors could be an asset for social change. I also provide recommendations for future researchers to elaborate on my findings. The chapter concludes with personal reflections and what I have learned from my time as a doctoral candidate.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this hermeneutic phenomenological IPA study was to explore rural counselors' experiences with using technology to address professional isolation in Maryland and Virginia. Exploring the counselors' personal experiences allowed me to identify the wellness practices used in the absence of resources to manage the challenges of practicing in rural communities. The data that I gathered in this study were similar to the literature in Chapter 2 on the challenges counselors experience in rural communities. Understanding the lived experiences of practicing rural counselors could help present and future counselors by providing a deeper understanding of rural counselors' experiences using technology to address professional isolation.

Chapter 5 presents a discussion of the study's results linking it to the literature explored in Chapter 2. There is an interpretation of findings by each of the five themes, which are (a) social connection's influence on their use of technology, (b) lack of training on how to use technology in rural communities, (c) preference for one-on-one interactions, (d) the unreliability of technology, and (e) concern about confidentiality and trusting technology. The chapter includes the implications for theory and future research after a discussion of the study's limitations. The implications and recommendations highlight implications for positive social change. The chapter ends with a conclusion.

Interpretation of the Findings

Dialogue With Literature

      The participating counselors identified challenges similar to those found in the

literature: heavy caseloads, professional isolation, dual relationships, and limited

resources. According to Wilson et al. (2018), counselors who work in rural settings

encounter different challenges than their urban colleagues. A challenge in conducting this

study was the lack of a clear definition of a rural community. The U.S. Census Bureau

(2018) defines rural is "as all populations, housing and territory not included within an

urbanized area or urbanized cluster" (para. 3). Even though all participants met the

criteria for living in rural communities, their experiences differed due to population,

culture, and geographic variations. In the following discussion, I place the findings

reported and interpreted in Chapter 4 in the context of the literature presented in Chapter

2. Specific attention goes to previous studies most similar to this one in terms of design,

sampling, and methods for data collection and analysis.

      The participants reported the positive benefits of practicing in rural communities,

including close connections with community members and slower-paced environments.

Vaishare et al. (2018) asserted that rural communities have unique characteristics

attractive to some people. Oetinger et al. (2014) suggested that identifying the rewards of

rural counselors' work could help to retain members of this population. McNichols et al.

(2016) recommended future research on the benefits and rewards of working in rural

communities to understand counselors' challenges. I conducted the interviews to

understand what attracted the counselors to rural community practice and their

challenges. Gillespie and Redivo (2012) identified some of the reasons counselors elect to work in rural communities as growing up in the community, wanting to stay connected to family and friends, and maintaining existing attachments to the community. There were results from this study similar to the literature. Throughout the study, the participants endorsed how these factors were important to them in their personal life but was missing due to the lack of resources that were available and connections that they had with other mental health professionals.

The participants all discussed experiencing professional isolation when working in rural communities. Imig (2014) noted rural counselors' feelings of isolation and the need for professional and social interaction. Professional isolation and the scarcity of resources require interprofessional collaboration and innovative methods, including technology (Hastings & Cohn, 2013). The participants needed flexibility to adapt to the lack of resources within their rural communities. Similarly, T. Wilson et al. (2018) identified that working in a rural community can be a challenge for counselors due to the lack of resources available to manage personal and professional wellness.

Furthermore, Roka (2018) indicated that urban counselors have access to knowledge and scientific resources not readily available in rural settings. Some of the challenges that the participants experienced were dual relationships, a lack of peer consultation, and a lack of specialized training about rural counseling and technology to support individual wellness. Members of rural communities may not seek treatment from mental health professionals, as they prefer to receive support from members of the clergy or other church structures (R. Wilson et al., 2015). Trusting outside professionals can be a

barrier to members of a rural society, as they prefer to maintain the known pathways of seeking support (Pelling & Butler, 2015). McNichols et al. (2016) identified that rural counselors need flexibility and the ability to adapt to the culture's needs and community connections, as well as knowledge about the community to succeed; these were all concepts the participants discussed. There was limited research on the influence of social situations in rural areas on the counselors' decisions to use technology. Accordingly, the findings of this study contribute to the existing knowledge.

Breen and Drew (2012) recommended that counselor educators teach their students about life in rural communities to help them understand the rural culture and the use of technology. Breen and Drew observed, "In rural areas, technology brings people together and facilitates communication" (p. 8). All five participants in this study reported receiving no training on how to use technology or how to navigate rural community life. This finding correlated with those of prior researchers who identified counselors' lack of training in technology (see Barnett, 2011; Holliman & Muro, 2015; Paulson & Casile, 2014; Paulson et al., 2015). Glueckauf et al. (2018) suggested that training in the use of technology at the undergraduate and professional levels led to practical implementation during training sessions and increased psychologists' experiences with using technology, something my findings support. When asked to discuss the types of technology they used, the participants struggled to define technology clearly. One of the participants was a doctoral student and had more technology knowledge, something he attributed to his studies. The participants felt that having training in technology before entering a rural community would have better prepared them for multiple roles when helping clients.

Several participants discussed taking on tasks in addition to counseling, such as advocating for clients and linking them to community resources. This was a finding consistent with Fifield and Oliver (2016), who noted that counselors who work in rural communities often do not receive training on the cultural issues present in rural communities, as few graduate programs provide specialty training on rural mental health. In addition to the absence of cultural training, there is a lack of education about the specialized issues clients present in rural communities. The participants in this study discussed some of the issues with which clients present, such as substance abuse especially opioid abuse.All the participants used technology to stay connected, although their experiences varied based on their skill levels and abilities to connect to the Internet. Technological and online support could provide professional counselors with peer support, supervision, and consultation and a means of decreasing feelings of isolation (Barnett, 2011; Gonyea et al., 2014; Paulson et al., 2015).

Holliman and Muro (2015) noted that although technology and social media are useful tools for addressing professional isolation, there are limitations to this type of communication. Technology provides limited interpersonal interactions, often lacking tone, body language, and the intent behind the message. Among the benefits of technology in addressing professional isolation to assist with peer consultation, Holliman and Muro noted that the counselor can discuss challenging cases with peer groups to gain insight and intervention strategies. In addition, a counselor could decrease professional isolation that could cause burnout by using technology to discuss their challenges with peers. The researchers suggested using video conferencing to increase the interpersonal

element of consulting, although they also warned about the ethical implications of using this medium. Despite identifying benefits with using technology, the participants in my study missed some aspects of face-to-face interactions. This finding supported and contributed to previous research.

Technology can be a useful tool for staying connected, but it can also cause problems, especially in rural communities. Paulson et al. (2015) discussed that using technology was a time- and cost-efficient alternative to face-to-face interactions but that problems could occur due to a lack of Internet and Wi-Fi connectivity. Rural providers might not have access to high-speed Internet, which could affect the quality and availability of the technology they need to stay connected (Mackie, 2015). The participants in my study identified problems with technology due to the lack of Internet service, time delays, interruptions in service, and not knowing how to use the different modes of technology. Johnson and Mahan (2020) confirmed the findings of Mackie (2015) and Paulson et al. that technology could be an unreliable tool in rural settings. Accordingly, teleconferencing was the most reliable technology to use when offering online consulting (Johnson & Mahan, 2020). Workforce limitations are another problem in rural communities. Mackie noted, "Factors such as individual attitudes, technological literacy, access to broadband, and organizational structures can be used to predict comfort levels in using technology" (p. 9).

Counselors have the ethical obligation to monitor their wellness and take the necessary precautions to promote their emotional, mental, and physical health (American Counseling Association, 2014). Counselors who work in rural communities face higher

risks of burnout and stress due to high caseloads, a lack of resources, and multiple roles (Holliman & Muro, 2015). Researchers have recommended that counselors receive supervision and training for the specialized care that rural clients need (McDonald et al., 2014). The participants used technology to address the gap but expressed concerns about confidentiality and the credibility of the training they received. Riding-Malon and Werth (2014) also found that proximity in the community could cause confidentiality issues; however, this was not limited to using technology.

Holliman and Muro (2015) identified that video conferencing can provide access to other professionals but that counselors must be knowledgeable about security protocols and HIPAA guidelines. Glueckauf et al. (2018) and Johnson and Mahan (2020) asserted that confidentiality breaches could occur when counselors do not know about the ethical requirements of using technology to provide care. The American Counseling Association (2014) has provided a code of ethics of the best practices for distance counseling, technology, and social media. First, counselors must be trained and knowledgeable about the type of technology they use. Counselors must also know about encryption standards, legal requirements, and limits to confidentiality when using technology for consultation and supervision.

Theoretical Framework

I used a hermeneutic phenomenological framework to explore the experiences of professional counselors who used technology to support connectivity while working in rural communities. Using the hermeneutic phenomenological framework enabled me to uncover meaning through interpretation and pay attention to the relationships and

collaboration between the researcher and the participants. Heidegger developed

hermeneutic phenomenology with a belief that individuals view the world through

different lenses and that their interpretation of the phenomenon provided the event with

unique meaning (Heidegger, 1927/1962; Holroyd, 2007). With phenomenology,

exploring the participants' different viewpoints contributed to the study's authenticity.

Understanding the participants' experiences provided an opportunity for curiosity and

representation and an attempt to understand the different perspectives associated with the

topic.

Heidegger believed that a researcher could not remain neutral throughout a study

(Carr, 1987; Heidegger, 1927/1962; Husserl, 1931/2014; Moran & Cohen, 1988). As a

counselor who has worked in the field for over 15 years, 6 in a rural community, I

assumed that the counselors' high caseloads and their ability to attend to their self-care

and wellness would affect their experiences using technology. As I conducted the study, I

used the hermeneutic circle to answer the research question: How do professional

counselors who work in rural communities describe their experiences with using

technology to address professional isolation?

Dasein describes a person's sense of being in the world in relation with the

phenomenon (Heidegger, 1927/1962). Heidegger's concept of Dasein indicated how the

term being did not separate individuals from their experiences in the world.

Understanding an individual's perspective and interpretations enable the understanding

and exploration of the phenomenon (Heidegger, 1927/1962), which I did in this study. As

I immersed myself in the research, I saw how the individuals' being in the world affected

their relationships with the phenomenon. For example, Participant 0601, who resided in the most rural area of the five counselors, described how growing up in the region and lacking technology accessibility impacted her use of technology. Participant 1186's experiences of going through a divorce and her children moving out of the home affected her experience with technology. She needed personal connections with other professionals; since she could not receive those connections in private practice, she moved to a setting where she could access resources.

Using the hermeneutic circle enabled me to identify the themes and patterns among the participants to answer the research question; reflect on my experiences, assumptions, and predictions; and identify a new way to look at this phenomenon (Gadamer, 1960/1989). As I immersed myself in the data, I started to understand that training in graduate school could help counselors succeed in rural areas. The participants knew how to use technology to deliver services but struggled to understand how they could use it for their self-care.

All five participants reported using technology to address professional isolation; however, the counselors struggled to explain self-care and their experiences with technology. The participants knew about professional isolation in rural communities and attuned to their wellness by engaging in self-care strategies. As noted throughout the interviews, the primary factor in the participants' experiences with technology was their need for social connection. The most significant barrier was the lack of training on technology and how to use it for self-care. The participants' experiences with technology

shifted from its use to treat clients to meeting their need to connect and address

professional isolation.

Limitations of the Study

As discussed in Chapter 1, the study's limitations included the sample

representation. I could have gained more information using quantitative methodology and

random sampling of all the professional counselors who used technology in rural U.S.

communities. Recruiting only participants who had experiences with technology may not

have provided an accurate representation of rural counselors' experiences. Although I

tried to recruit an equal number of counselors in rural Virginia and Maryland, there were

only two participants from Virginia and three from Maryland. Also, I tried to secure a

diverse sample; however, all the participants were White, which may not have provided a

representative sample of the population in these two Northeastern states.

Another limitation was the lack of a clear definition of *technology* and *rural*. The

participants fell under the general description of rural, outlined by the U.S. Census

Bureau (2018) as "all populations, housing and territory not included within an urbanized

area or urbanized cluster" (para. 3). However, their experiences varied due to the

population of the communities where they worked and resided.

Limitations inherent in phenomenological designs include the subjective nature of

the data, as data collection is specific to the participants' lived experiences and how they

make sense of the phenomenon. Focusing on the participants' experiences and sense-

making could cause quantitative researchers to questions the validity of the findings in

the absence of numerical data and pure objectivity. Morse (1994) warned against using

measures such as validity to determine the trustworthiness of phenomenological studies, as it is idiographic and focuses on the data alone without any outside influences.

Implications and Recommendations

Positive Social Change

This study has implications for positive social change by providing an understanding of rural counselors' experiences with using technology to address professional isolation. Counselors must focus on their wellness to attend to their emotional needs and remain flexible when they lack adequate resources to help their clients. At the time of this study, there was little research on rural counselors' experiences using technology to address professional isolation. The results of this study indicated that counselors often do not receive training and preparation for the challenges of rural communities, including professional isolation. Counselors must know about the different types of technology available to them and how they can use technology in their personal and professional lives. Due to the COVID-19 pandemic, social and professional isolation are not only issues experienced by rural counselors, but by providers worldwide. Technology can be a means of addressing social and professional isolation, as social media, the Internet, and telehealth have become part of everyday life. Social media helps individuals stay connected, and the Internet enables counselors to access supervision, specialized training, and peer support networks.

Recommendations

Data analysis indicated several problems that rural counselors experienced with technology. Although all the participants used technology to address professional

isolation, they were more familiar with using technology to treat their clients than for their self-care. Following are recommendations based on the findings of this study:

1. Classes on the use of technology in different areas of counseling and self-care for counselors working in rural settings. The presentation of such training could occur as ongoing professional development in workshop settings to enable participants to practice using technology. Follow-up sessions online would enhance counselors' experiences with technology. Including instruction on how to manage confidentiality online would increase counselors' knowledge and trust in this medium.

2. Design and present a class on technology use to manage self-care and wellness during graduate school so future counselors can become comfortable with using technology.

3. Develop a clear definition of the different types of technology useful for maintaining connectivity by counselors in rural settings.

4. Conduct a quantitative survey study on how many rural counselors use technology to address professional isolation. Future researchers could collect data from rural counselors in different geographical locations and ethnicities for a more racially diverse population.

Conclusion

The purpose of this qualitative hermeneutic phenological study was to explore rural counselors' experiences with using technology to address professional isolation. Counselors who work in rural communities experience different challenges than their

urban colleagues and often do not have adequate resources for peer support, supervision, or specialized training. Learning about rural counselors' experiences with technology could reduce the gap in the literature about the experiences of professional counselors in rural communities. I conducted a hermeneutic phenomenological study with an IPA approach through semistructured interviews with five licensed professional counselors who work in rural communities.

Five themes emerged from the data: (a) social connection's influence on their use of technology, (b) lack of training on how to use technology in rural communities, (c) preference for one-on-one interactions, (d) the unreliability of technology, and (e) concerns about confidentiality and trusting technology. I presented the limitations of this study and the implications for change based on my findings. Finally, I provided recommendations for future research.

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Appendix A: Recruitment Flyer

Appendix B: Demographic Questionnaire

1. Please circle your age group: 25-30   31-35   36-40   41-45

   46-50   51-55   56-60   61-65   66+

2. Please circle your ethnicity:

   Hispanic Black   White, non-Hispanic   Asian   Other

3. Please circle your gender: Male   Female

4. What is your highest level of education?

   Master's   Specialist   Doctoral   Postdoctoral work

5. How many years have you been a practicing licensed professional counselor?

   _____

6. How many years have you been practicing in a rural community? _____

7. How long have you used technology to assist with your practice? _____

8. Which types of technology do you use to help with your counseling practice?

   _____

9. Did you receive any training on the use of technology in your training as a counselor?

   Yes   No

10. What is the setting in which you currently work? _____

11. What is the primary clientele that you serve and the ages that you

    serve?_____

Appendix C: Recruitment E-mail Requesting Permission

Hello Executive Director,

My name is Jacqui Grantland, I am a LCPC in Maryland completing a doctoral program at Walden University in Counselor Education and Supervision. I am requesting permission to send an email to counselors on the listserv requesting participation in my dissertation study. The purpose of this study is to explore rural counselors experience using technology to address professional isolation. The benefit of having individuals participate in this study is to increase the existing knowledge about rural counselors experience in rural communities using technology to address professional isolation, which could help them become less isolated, engage more with their colleagues and peers, and be able to, attend more conferences and enjoy more supervisor insights using matter.

Respectfully,

Jacqui Grantland, LCPC, NCC

Appendix D: Interview Schedule

Introduction Script

Thank you for agreeing to meet with me and taking the time to participate in this study. My name is Jacqui Grantland, and I am a doctoral student in the Counselor Education and Supervision program at Walden University. I would like your permission to record this interview so I can ensure the accuracy of our interview. If at any time you feel uncomfortable and want to stop the interview, please feel free to stop the interview and let me know. I will keep your information and identity confidential, and your information will enable us to explore your perceptions of using technology to address professional isolation while working in a rural community. If there are no further questions, and with your permission, we will begin the interview.

- Interview procedures

- Review the purpose of the study

- Review the demographic form

- Obtain informed consent

- Answer any questions about the informed consent or the interview process

- Discuss why I am exploring their experiences using technology to address professional isolation

Central Research Question

How do professional counselors who work in rural communities describe their experiences with using technology to address professional isolation?

Interview Questions

1. How would you describe your experience working in a rural community?

2. What, if any, are the challenges that you have experienced as a counselor when working in a rural community?

3. In your experience, what are the positive benefits of working in a rural community?

4. What, if any, training did you receive about technology before your work in a rural community?

5. What is your experience, if any, with professional isolation when working in a rural community?

6. How do you stay connected with other professionals when working in a rural community?

7. What is your experience, both personally and professionally, with using technology to stay connected in a rural community?

8. In your experience, what are some advantages to using technology to assist with professional isolation in rural communities?

9. In your experience, what are some disadvantages to using technology to assist with professional isolation in rural communities?

Closing

Is there anything else you would like to tell me about your feelings of using technology to assist with professional isolation?

- Thank the participant for his or her time and willingness to participate in the study.

- Explain to the participants the next steps, including the transcription process and transcript checking to ensure the accuracy of the data.

Appendix E: Letter of Introduction

Hello, my name is Jacqui Grantland and I am a doctoral student with Walden University's Counselor Education and Supervision. I am looking for professional counselors who are currently working in rural communities to participate in a study to explore rural counselors use of technology to address professional isolation. Participation in this study is voluntary and there will be no compensation for their participation.

To qualify for this study, I am seeking counselors:

1. Currently work in a private or community practice in a rural community in Maryland or Virginia.

2. Have graduated from a master's or doctoral program in regionally accredited counseling or related field.

3. Are independently licensed by their state licensing board (LPC or LCPC.).

4. Have experience using technology with their practice.

5. Have a minimum of 2 years counseling experience working in a rural community.

If you are interested in participating in this study, please contact me for further information. After our initial contact I will send you the demographic form, and informed consent. Once you have completed the forms and sent them back, we can schedule a time which is convenient for you to conduct the interview. You may contact me by email @ XXX@walden.edu or by phone at XXX. Thank you for your consideration and time in helping me with my study.

Appendix F: Maps of Maryland and Virginia
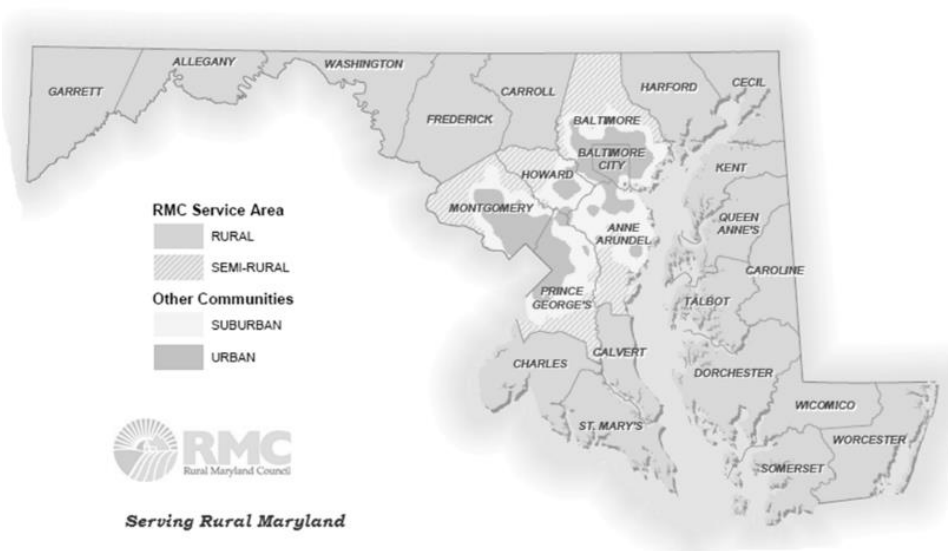
Source: Public Domain: The Rural Maryland Council
Rural Maryland Council – Maryland.gov
RMC_Map
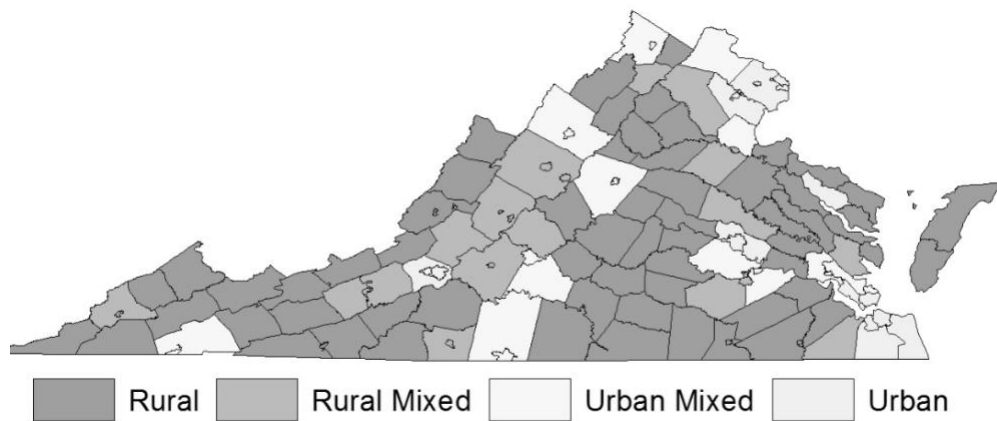
Source: Public Doman: Rural/Urban Designations, Virginia Counties, 2019